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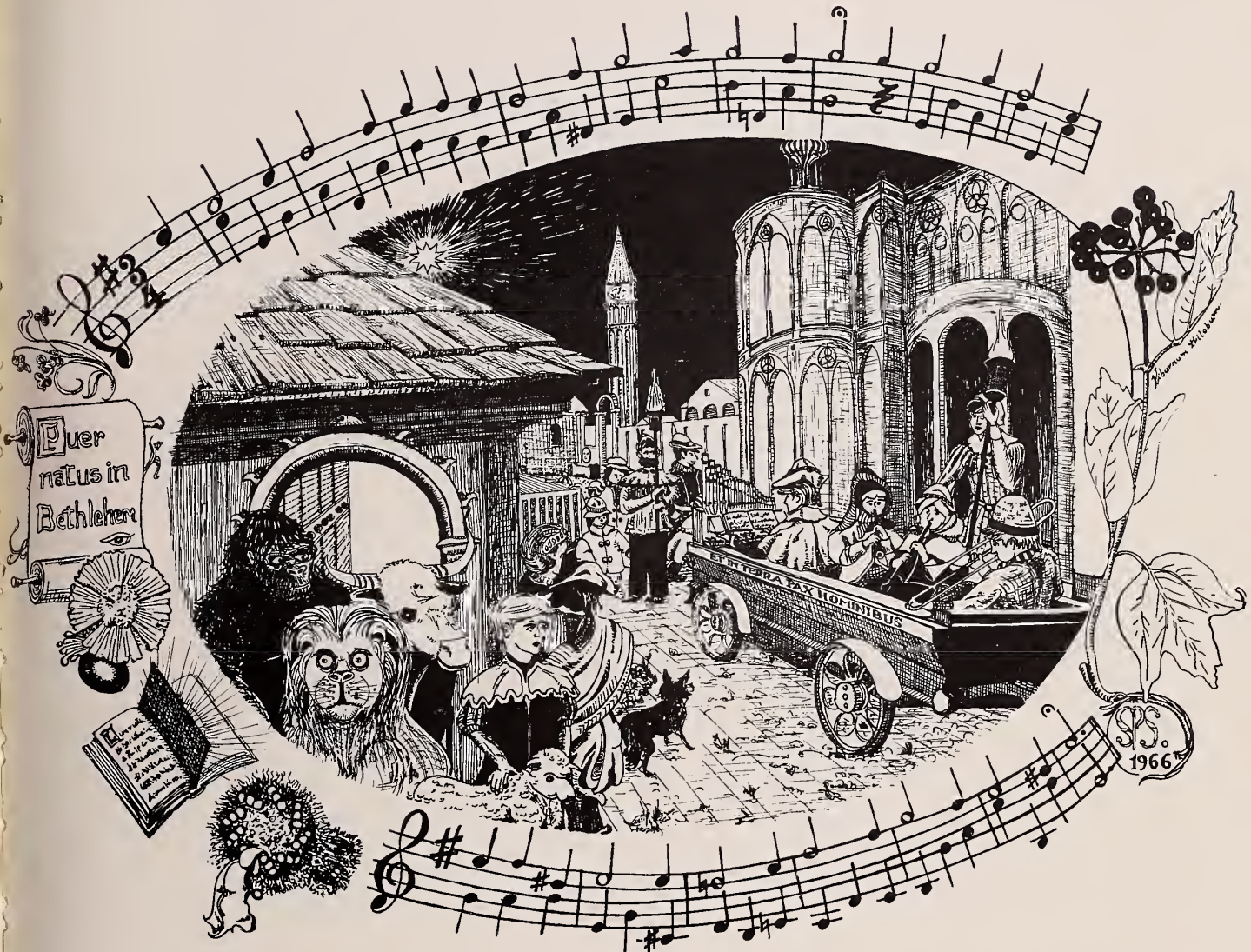


The New England Journal of Medicine

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Harvard Medical Alumni Bulletin

November/December 1978



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Harvard Medical Alumni Bulletin

November/December 1978

volume 53 number 2

Cover: Christmas revels taking place in fantastic, Renaissance settings replete with music, mystical parables and merriment are the specialty of Sergei Sorokin '58. For more, turn to p. 7.

Credits: p. 2, Steve Gilbert; pp. 11, 14, Linda Popper; pp. 16, 18, 20, Prentice Crosier; pp. 21, 26, courtesy of Dr. John Shillito, Jr.; p. 22, courtesy of Dr. Fred Ross; p. 23 (right), reproduced by permission of the *Journal of Medical Research*; pp. 23 (left), 24, 25, reproduced by permission of the *Journal of Neurosurgery*; p. 27, courtesy of Mrs. Samuel Martin; p. 28, Alice Webber.

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16 Notes on and to the dead

A first year student relates his initiation into the world of the dying. By Allan Hamilton.

18 AMORAL/IMMORAL/MORAL

*Theodore Badger recreates the scene of a faculty meeting some eighteen years ago when the code of ethics by which doctors, especially, swear faltered. Bulletin editor George Richardson reviews Sissela Bok's book, *Lying: Moral Choice in Public and Private Life*, which gathers together evidence on why lying perhaps should be considered a deadly sin.*

21 As we knew him

For the Eighth Annual Donald D. Matson Memorial Lecture, the man himself was the subject. By Francis Moore.

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Editor: George S. Richardson '46. **Managing Editor:** Deborah W. Miller. **Assistant Editor:** Nancy V. Kougeas. **Editorial Board:** Robert M. Goldwyn '56, Steve Hoffman '81, Betty Lee '80, John B. Levine '79, Guillermo C. Sanchez '49, J. Gordon Scannell '40, Eleanor Shore '56. **Association Officers:** William R. Christensen '42, president. Gordon A. Donaldson '35, president-elect. Thomas B. Quigley '33, past-president. Jane G. Schaller '40, vice-president. Melvin P. Osborne '42, secretary. Fiorindo A. Simeone '34, treasurer. **Councillors:** K. Frank Austen '54, Edwin H. Cassem '66, Herschel D. Collins '52, Phyllis Gardner '76, Ronald A. Malt '55, Grant V. Rodkey '43A, Larry G. Seidl '61, Nina Tolkoﬀ-Rubin '68, T. Franklin Williams '50. **Representative to the Associated Harvard Alumni:** Curtis Prout '41. **Director of Alumni Relations:** Perry J. Culver '41. **Chairman of the Alumni Fund:** Carl W. Walter '32. The Harvard Medical Alumni Bulletin is published bimonthly at 25 Shattuck Street, Boston, Mass. 02115. © by the Harvard Medical School Alumni Association. Third class postage paid at Burlington, Vermont. Postmaster, send form 3579 to 25 Shattuck St., Boston, Mass. 02115.

Overview

Interpreters of the curriculum

Selecting the right courses from the 500 offered in the Harvard Medical School Course Catalogue might seem a formidable task, particularly since only three courses — the Introduction to Clinical Medicine, and the clerkships in medicine and surgery — are required. Yet HMS's four year old curriculum has been remarkably successful in matching faculty members with students according to their educational needs, interests, and abilities.

A major reason for this success is the Board of Advisors, created as part of the new curriculum to help students maximize their opportunities at HMS. The Board's new chairman is Peter Reich '56 who succeeded last June to the post occupied by Robert Blacklow '59. He has been a board member since its inception four years ago and is associate professor of psychiatry at the Peter Bent Brigham Hospital, and director of that hospital's division of psychiatry, which also provides psychiatric services for the Boston Hospital for Women and the Robert B. Brigham Hospital.

"The Board of Advisors is an integral part of the new curriculum" Dr. Reich says. "The members are in a sense professional advisors trained in the new curriculum. We meet monthly, we pool our experiences, and we interact with other units in the school that work with students, such as the Registrar's Office, the Office of Student Affairs, the Curriculum Committee, and the Promotion Boards."

Each of the twenty-eight members on the Board of Advisors, he notes, is well versed in the curriculum and involved both with students and with the teaching process. Members are chosen from the full-time faculty who are likely to re-



Peter Reich '56: head of the Board of Advisors

main at the school for a substantial number of years, so that students (who are assigned to advisors on a random basis) usually can stay with the same advisor throughout the four years. Advisors have about twenty students with a cohort from each class.

The HMS curriculum now requires satisfactory completion of 132 credits: 28 in basic science courses; 20 in pathophysiology courses; 4 in behavioral, social and/or humanistic sciences; 40 in clinical courses; and 40 in electives. It also requires 16 credits in a concentration, which may be in addition to, or may overlap, the elective credits. "It works very well," says Dr. Reich, who explains that although this curriculum supplanted one that required a core "there is a core implicit in it."

Helping students see that core and construct a program that fulfills their needs and interests is the advisor's prime role. They assist with academic dilemmas ranging from how best to get credit for work already accomplished to how to cope with the problem of unsatisfactory work. Advisors sign study cards for adding and dropping courses and can help a student plan study for credit that is taken at a school or hospital away from HMS. The advisors can also be a link between the students and the Curriculum Committee, passing on informal evaluations on the students' experience with the courses. Conversely, they can relay information back to students about new course offerings.

Advisors do not participate in the grading of students, in promotion decisions or in the composition of the internship letter. "We do want students to come to us if they have trouble," emphasized Dr. Reich. "We want them to know they are not the first, or the only ones with problems, and above all, we want them to know the advisors are their allies and advocates."

Aesculapiad appeal

For seven years, graduating classes have left themselves open to memorabilia deprivation, the symptoms of which became manifested after graduation, as names, faces, and events once an integral part of medical school began to fade. The class of 1978 published a collection of pictures to minimize the syndrome. The class of 1979, however, is working full force to stamp it out, and production of the 1979 *Aesculapiad* — the first hardcover yearbook in eight years — is currently underway.

The cost of publishing the *Aesculapiad* is \$3,000 and while this amount will come from a variety of sources, grass roots support is still necessary. Alumni/ae who can help this endeavor will be acknowledged in the yearbook. All contributions should be sent to Timothy Reynolds, Business Manager, 1979 Yearbook Enterprise, 5 Park Vale, Brookline, MA 02146, by February 1, 1979.

Joseph B. Martin named Bullard Professor

Joseph B. Martin, M.D., former professor and chairman of the department of neurology and neurosurgery at McGill University, has been named Bullard Professor of Neurology at Harvard Medical School and chief of the neurology service at the Massachusetts General Hospital. He succeeds Raymond D. Adams, M.D., who retired from the post on June 30.

Dr. Martin, previously neurologist in chief at the Montreal Neurological Insti-

tute and senior physician at the Montreal General Hospital, has been concerned with the workings of the brain and particularly, the mapping of peptide distribution. Peptides are recently-isolated organic chemicals that help regulate the endocrine glands. At the MGH, research conducted under Dr. Martin's leadership will attempt to provide a better understanding of the brain's functioning as well as its malfunctioning. Researchers at the MGH are investigating a possible relationship between a variety of hereditary and degenerative diseases such as Huntington's chorea and Parkinson's disease, and a disarray of peptides in the brain.

Dr. Martin is a member of the American Physiological Society and was selected by the society to deliver the 1978 Bowditch Lecture. He has written more than ninety scientific publications and coauthored two books, *Clinical Neuroendocrinology* and *The Hypothalamus*.

Alumni Council '78: from pianos to admissions

As many of the discussions of the winter Alumni Council session were carried through to the spring, this is a summary of items from the agendas of the February 28 and May 30, 1978 meetings.

Institutional Self-Study. The Alumni Council considered the preliminary Objectives of the Harvard Medical School submitted by Claude Welch '32, who served on the subcommittee that formulated the Objectives, as well as on the task force and steering committee. Dr. Welch also described the draft of the self-study report. [While this discussion at the winter meeting preceded publication of the self-study summary in the May/June HMAB, the comments made are still pertinent.] A self-study of the Harvard Medical School was last conducted some twenty-five years ago, but the present enterprise comprised an extensive evaluation as well as a compilation of data. He delineated the four new programs that have been created in the past decade: the HMS-MIT Division of Health Sciences and Technology; the

Division of Primary Care and Family Medicine (which, he noted, has nominal faculty involvement); the Laboratory of Human Reproduction and Reproductive Biology; and community-based programs in psychiatry. During the same period of time, continuing medical education at HMS has expanded and there is "some concern that this could become too big." Dr. Welch reiterated some of the points made in the self-study regarding the need for more senior faculty *teachers*, for further improvement in the departments of pharmacology and preventive and social medicine, for more teaching space, both in the Quadrangle and the hospitals, and for better student housing. High on Dean Tosteson's agenda is to achieve a stable and continuous level of funding for the Medical School, especially as income from corporations and the list of prospects for large donations have decreased in recent years.

The discussion turned to the matter of family medicine at Harvard. President Quigley commented that family medicine, which is under the aegis of the department of preventive and social medicine, is in trouble because few of the faculty understand what it is. John Dixon '62 added that the Brattleboro Memorial Hospital, where he is a staff surgeon, is set up for family medicine students and residents, but there has

been no interest shown on the part of Harvard. Dean Federman stated that no other discipline has undergone the explosive growth of family medicine since 1967 — from fewer than twenty to over 320 postgraduate programs. Moreover, the American Board of Family Practice was the first to make recertification mandatory. He continued that there is more to primary care than family medicine. "Electives are available but don't get much play unless pushed by the advisor, and the advisors perhaps tend to push our students away from family practice."

As for the Objectives of the Harvard Medical School, the Council expressed its concern that moral and ethical considerations of medical education were barely addressed. Community responsibility in the broad sense was also overlooked.

Vanderbilt Hall Progress Report.

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WRONG DATE, RIGHT PLACE

In the Sept/Oct issue the date given for the film about William Dameshek '23 in the Leaders in American Medicine film series was February 7, 1979. The correct date the film will be shown is February 14, 1979 at the Countway at 4:00 p.m.

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derbilt — its slum-like appearance has been largely corrected and electrical renovations are almost complete. Yet, the dining room has not materialized as a magnet for student life, and is, as Dr. Federman said, “dispiritedly unoccupied.” Subsidizing the dining hall or reinstating meal contracts were two possibilities proposed by Council members. The high unit costs of meals at Vanderbilt (compared to the University houses) and the proximity of the cafeteria in the Kresge Building at the School of Public Health were thought to be influences on student eating habits. Dr. Federman explained the situation: “Vanderbilt is the largest and most complex of all the problems facing us. The students are more independent and scattered. We have good shuttle bus service to Cambridge and this adds to student dispersal. There is a sense of students no longer being physically part of the Harvard Medical School. Dean Tosteson has put a priority on restoring student-faculty contacts and has appointed a committee to further this.”

Associated Harvard Alumni. “It is fascinating to see how little glue holds Harvard together” is how Curtis Prout '41 described the efforts to coordinate various activities of the graduate schools under an “umbrella” of Harvard Clubs in different cities. There is little common cohesive structure to the University overall and, Dr. Prout noted, it is “hard to defend the diffuseness of Harvard as a strength.” He stated that the Medical School should know much more about what goes on, for example, in the biochemical sciences in the Faculty of Arts and Sciences, or new trends in educational methodology from the School of Education. “Somehow, it seems to me, the role of the Medical School alumni/ae in exchange of information and discussion of objectives should be a role of leadership.”

The point was made that it may be impossible to get alumni/ae to come together when they never get together as students. It was suggested in response that HMS take the initiative and announce relevant lectures and events to department chairmen in Cambridge to foster cross-river communication. At the spring meeting of the Council, Dr. Prout reported on the winter meeting of the AHA, as well as on a subsequent meeting with several AHA graduate school

representatives. He stated that the “umbrella concept” of the Harvard Clubs was vetoed, but much interest was shown in how the Harvard Medical alumni association functions. Although the Harvard Corporation claims “to love each faculty equally, the current major capital fund drive is evidence that the college is the core of the University.”

Internship Advising. The Class of 1978 displayed a “less provincial attitude” in applying to some 206 hospitals, but internal medicine is oversubscribed and surgery and pediatrics are attracting fewer applications. The specialty of primary care “may have reached its high-water mark,” added Dr. Prout. At the Massachusetts General, Peter Bent Brigham and Beth Israel hospitals primary care residencies are similar to those in internal medicine, except that more ambulatory care is included.

He called attention to two important conclusions: students would be better served if they received grades in their clinical courses and if there were a larger number of one year internships. He realizes that both of these are unpopular recommendations, but program directors would rather have actual grades and they want to know in advance who is going to drop out of a program. Contrary to common belief, average Harvard students are no longer rated ahead of better students from less prestigious schools; all hospitals are now competitive as the number of internship slots decreases in proportion to the number of graduates. There was discussion about the idea of having one year broad-based programs in some major community hospitals, since teaching hospitals want to avoid the pyramid system in postgraduate training. Dr. Quigley averred that “not all program directors share our admiration for ourselves.” Nina Tolkoﬀ-Rubin '68 said that the 1978 Dean's Letters (written by Dr. Prout) were the best the MGH had received in five years. The Council approved a motion to support both of Dr. Prout's recommendations concerning re-instituting grades in clinical medicine and providing additional one year internships.

Student Awards. Dr. Culver reminded the Council of an alumni/ae award given by the Alumni Council to a class

leader, but he remarked that the award has not been given for several years because there have been no student leaders. It was again stated that students need to be made aware of the availability of various prizes and that they should be encouraged to select an alumni/ae representative who can be a liaison between the alumni/ae and the class. A motion passed that as of 1978, all graduating students would receive *Doctor and Patient* by Francis W. Peabody ('07), *On Caring for the Patient with Cancer* by J. Englebert Dunphy '33, and *The Science and Art of Medicine in some of their Finer Aspects* by Frederick S. Cheever (1873), as well as a certificate provided by the alumni association.

Dr. Prout was assigned to investigate the status of the Carr Award, and he reported his findings at the spring meeting. When Jesse Carr '27 gave money for a fund in 1968, \$5,000 was required for an endowment (\$10,000 is now the minimum amount); Dr. Carr gave \$3,300, which, through awards of \$300 each, has been reduced to \$933.00. The status of other prizes was detailed: The Maimonides Award given annually by the Greater Boston Medical Society was discontinued in 1970 after then Dean of Students Joseph Gardella wrote to the society that no student wished to be singled out as “special.” The Book Award of the Massachusetts Medical Society ceased at about the same time. Council members indicated that students now have a different attitude and that Dr. Federman might canvass the abovementioned organizations to determine their interest in renewing these awards. As an historical footnote, it was reported that the Aesculapian Club had donated \$8,000 in 1950 to renovate the playing field to the north of Vanderbilt Hall. The Medical School did not know that the land belonged to the city of Boston and now half of the area is occupied by the new English High School and the rest is part of the fenced-in parking lot for Vanderbilt.

The discussion turned toward the need for additional prize money. Dr. Walter stated that potential non-alumni donors are interested in scholarships as a recognition of merit rather than as a pretext for loans. A dissenting view was offered by Frank Austen '54 who felt that the

issue was money to limit student indebtedness regardless of performance, since admission to HMS was already an indication of merit. Dr. Walter rejoined that many donors would be eager to provide named scholarships, if they were differentiated from financial aid. The Council voted that Dr. Federman be urged to establish a distinction between grants-in-aid (which can still be supported by alumni giving) and scholarships, with the criterion of need not necessarily excluded.

Dr. Culver announced that the express wishes of the Council and various student representatives would be carried out with a preregistration party on September 5, 1978 for entering students and for all upperclass members as well. [Because of an unfortunate mix-up, the party held was not the one sponsored by the alumni association.]

Continuing Education. Dr. Stephen Goldfinger, associate dean for continuing education, presented the Council with a continuing dilemma: how to make the more than one hundred courses offered at HMS of greater interest to the alumni/ae. It was proposed that the Alumni Survey Committee be assigned the task of looking into this area to determine how alumni/ae could become more involved in a "lifetime of learning." Grant Rodkey '43A commented that a transfusion of alumni/ae interest might take place if HMS graduates were involved as faculty.

Student Reports and Recommendations. Five students representing different constituencies spoke with the Alumni Council at length about particular aspects of undergraduate life: Judy Wasserheit '78, former chairperson, Student-Faculty Committee; Fred Villars '80, music committee; Allan Hamilton '81, Student-Faculty Committee; José Calderon '81, class representative (president of Student-Faculty Committee, 1978-79); and Jonathan Horton '80, class representative.

A report of the Student-Faculty Committee detailed efforts to evaluate and coordinate the curriculum to try to ensure that the basic science content is more related to clinical course content. José Calderon stated that the SFC has three committees for Vanderbilt Hall: housing, food service and recreation.

He commented that students have noticed an improvement in the atmosphere and that an orientation committee should be set up to develop more social contact with alumni/ae. In response, the Alumni Council agreed to sponsor a party on the night before registration. Fred Villars talked about a serious need: the deteriorating state of the pianos in Vanderbilt that are in use six to eight hours a day by students and staff. There are now sign-up sheets for the two pianos — one given in 1973 by the Aesculapian Club and an old upright in the music room basement. To rebuild the older piano or buy a new or used instrument will amount to several thousand dollars. Alternatives for raising funds included a student concert to which local alumni/ae would be invited or a suggestion via one of the class agent letters that gifts be designated for a new piano. Judy Wasserheit enumerated some of the reasons students cite for coming to HMS: individual faculty are exciting, unique courses are given, such as the elective in South America or Puerto Rico offered by Dr. Herrera of the School of Public Health. However funding is scarce — it costs several hundred dollars per student — and many are interested in this kind of international experience. She suggested that perhaps HMS alumni/ae living in tropical countries could be contacted to act as student preceptors.

The Council learned that student publications are making a comeback. [The class of 1978 published the first Aesculapiad since 1972 and a literary journal, *Byways*, made its debut in the spring.] A student newspaper is another possibility but, again, money is in short supply. Ten issues would cost over

\$2,000 and it would be a completely open and unedited forum for student opinion. All of the student representatives expressed their concern to the Council that teaching be a criterion for promotion.

Admissions. Oglesby Paul '42, director of admissions, reported to the Council in February on the composition of the class entering in September of 1978 [see p. 6, Sept./Oct. HMAB]. 1,146 students were interviewed, which is less than the preceding year, but "still too many for the system," according to Dr. Paul. In describing the pilot plan of regional interviews arranged in conjunction with the alumni office, Dr. Paul related the outcome: all told, 240 interviews were held on October 29 and 30, 1977 in Los Angeles and San Francisco, and on December 9 and 10, 1977 in Los Angeles, Chicago, and San Francisco. Each interview was conducted by two alumni and one member of the main admission committee. Twenty-four candidates were accepted and three put on the waiting list. He mentioned some of the shortcomings of the operation: interviewers were inadequately briefed, the interviews were poorly structured, and the average length of thirty minutes was too short. Dr. Paul explained that many alumni/ae who interview independently of the regional effort get discouraged because of the low number of acceptances. It must be impressed upon all alumni/ae interviewers that only one out of seven people who go through this system will make it.

Gerald Foster '51 and William Cochran '52 of the admission committee reviewed the performance of alumni/ae

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interviewers. Lack of communications skills resulted in summaries that were of little help. Dr. Foster remarked that "if it's hard to judge students, it's even harder to judge interviewers." On the positive side, the interviews saved students the expense of a trip to Boston, and those alumni who participated felt very much a part of the entire selection process. Dr. Cochran noted that only one woman and no minority individuals were involved on the regional teams, to which Dr. Paul replied that he could not persuade any minorities to volunteer with the exception of one faculty member. The minority pool shrank from 440 to 340 and Dr. Paul pointed out that in general the minority pool in colleges was shrinking.

Alumni Fund. Carl Walter '32, chairman of the alumni fund, recounted that the recently conceived deferred giving program had gotten off to a good start, but the fund itself had not done as well this year, with 700 fewer donors than in February of 1977. Curiously, though, half of the money received by the fund for fiscal 1977 came in before any solicitations were sent. In May, Dr. Walter optimistically updated the fund's financial picture for fiscal 1978: the total was \$15,000 more than a year ago. He postulated that a per capita gift of \$100 would yield over a million dollars and would "cover everything." Most donors still channel their money to student aid.

Alumni Office. Perry J. Culver '41, director of alumni relations, presented the Council with a number of attachments pertaining to the 1978 candidates for officers and councillors [see July/ August HMAB, p. 10], speakers for the past five years of the Scientific Symposium, reunion plans for 1978, and reports on other activities under the aegis of the alumni association. He suggested the idea of a traveling movie or slide show, having a theme of "addiction to learning," to be screened at alumni/ae meetings and for potential applicants. At the spring meeting, on the eve of Alumni Day, all was well, according to Dr. Culver. The percentage of classmates returning questionnaires was as high or higher than for the same classes five years earlier.

As for other functions under the auspices of the alumni office, the dinner honoring the class of 1978 at the Har-

vard Club on March 17, 1978 was "a great success." A month later, during the annual meeting of the American College of Physicians in Boston, Harvard hosted a dinner at the Museum of Science that was attended by one hundred alumni/ae. The annual report of the student employment office revealed that for the academic year 1977-78, seventy-five students earned \$38,400 at one-shot, part-time, summer, and ongoing jobs. [The SEO is being handled for 1978-79 by Jim Bristow '80.] Improvement is needed in finding jobs that start early in the year and in securing summer jobs, for which there is a great demand by a majority of first year students. The Council agreed with Dr. Federman that this employment bureau should be the responsibility of the office of financial aid.

Three presentations that were made at the meeting of May 30, 1978 follow.

Dr. Mitchell Spellman, Dean for Medical Services. The Council welcomed Dr. Spellman who described his role in the new administration. His responsibilities include the coordination of graduate medical education (residency training programs) through the Harvard Medical Center (a consortium of eight Harvard teaching hospitals) and of relations between the Medical School and the federal government. Dr. Spellman views himself as the representative of the Faculty of Medicine in health policy research and hopes to monitor and make contributions to pending health-related legislation. He does not foresee any resistance from the hospitals in trying to establish and implement uniformity, for example, in the matter of numbers and types of residencies as defined by the government. "There are good understandings without legalisms among hospitals in the Harvard Medical Center. They see the mutuality of interest." He termed the phenomenon of the clinical faculty tacitly understanding their relationship to their hospital and the sometimes invisible connection to HMS as the "Harvard mystique" and a positive factor. The Council voted to express their gratitude to Dr. Spellman for the progress he has made in the short time of his tenure and their admiration for his decisive and articulate discussion of his charge and his approach to its complex problems.

Daniel Federman '52, Dean for Students and Alumni/ae. A brief discussion of the question of grades indicated that students preferred none. The Self-Study nevertheless recommended a uniform grading system for each course. The Council reiterated its support of evaluating students throughout medical school in a consistent and objective manner. The suggestion was again made about putting together a portable audiovisual presentation of HMS today and the people who are a part of it, to keep alumni/ae current. Dr. Federman concluded by giving the present study body unequivocal high marks for making HMS an exciting intellectual experience. Speculating on future applicants, he commented that the number overall is on the decline for all medical schools and that in five to ten years it may be difficult to fill places with "first class students."

Medical School Curriculum. President Derek Bok and Dean Tosteson, invited guests of the Council, led a discussion centered around the undergraduate curricular reform being designed by Henry Rosovsky, dean for the Faculty of Arts and Sciences. President Bok remarked that the Medical School is in a unique position to influence the college curriculum because of the preponderance of premedical students. Too many, however, major in science and they tend to become rigid in their thinking. Ned Cassem '66 objected to the implication that HMS graduates with science backgrounds were narrow. Council members contended that students were not dangerously competitive, but that perhaps the innate competition of medical school had contributed to a certain narrowness in course choices prior to matriculation. The larger issue, as stated by Jane Schaller, '60, is what kind of person should emerge as a physician. Because of the importance of this matter, Dr. Quigley appointed Drs. Cassem, Culver, Austen and Fiorindo Simeone '34 to develop a statement that will express the opinion of the Council on the education of young people before coming to medical school.

Artists among us

SERGEI P. SOROKIN

associate professor of cell biology
Harvard School of Public Health

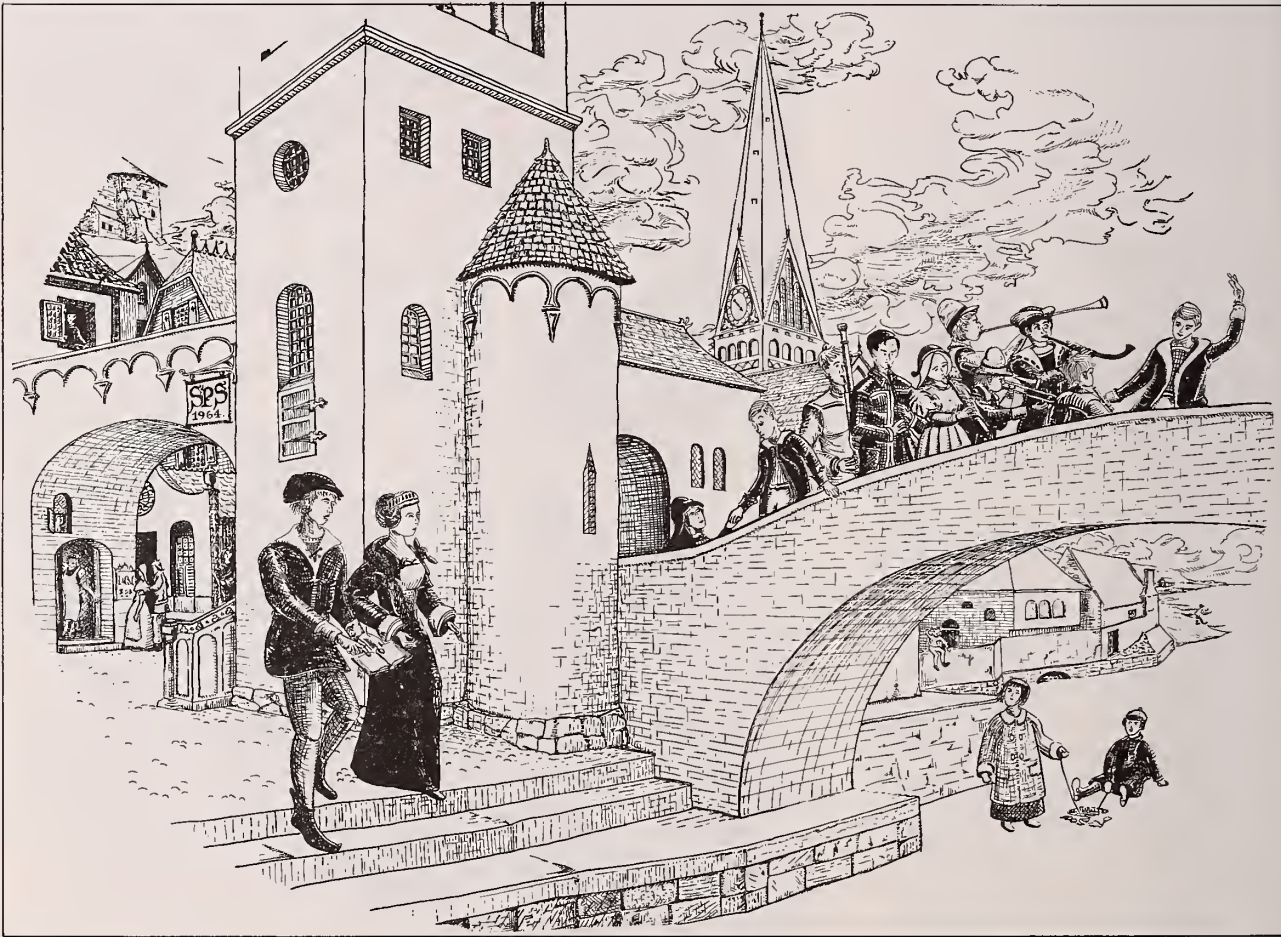
The intricate Christmas cards of Sergei P. Sorokin '58 have the deceptively medieval look of antique woodcuts. Dr. Sorokin, a cell biologist, has used the same method — pen and ink on scratchboard — to illustrate portions of *Histology* (fourth edition, by Weiss and Greep) and journal articles. Underplaying his artistic ability — “I took art classes once or twice a week in high school, but wasn’t considered particularly talented” — he explains that serendipity had as much to do with their creation as conscious planning. Eighteen years ago, a friend from the Design School saw a drawing he made and “humored” him. This encouraged him to show his “doodling” to his father, a professor of sociology at Harvard, who promptly had the card printed. With few lapses, Christmas cards from the Sorokins have been coming out every year since.

Each design is usually worked around a theme from the Bible appropriate to the season, and is done on a scale small enough to incorporate religious symbols, mystical parables and personal references. Musical pieces, some written by Dr. Sorokin himself, at times figure prominently. “The cards are not realistic, but fun and I think they should have a real, tangible touch with Christmas.” Often the meanings of many of these symbols are concealed, as in the elongated card of five years ago in which the procession of Three Kings winds its way from the East to Bethlehem past the Tree of Knowledge and the battered Tree of Life. The laborer in the background making wine represents — congruent with his philosophy that the cards should be personal — Dr. Sorokin at one of his pastimes for that year. A singular approach characterizes all of his endeavors — scientific, artistic and musical: “Whether or not activities like this are of interest to others is less important to me than the gratification I get from having completed a satisfactory piece of work.”



1962.

*"I carry themes over from year to year.
In the 1964 card, which is about
there being no room at the inn,
a band is playing on the bridge.
In the next year's card, there is a
glimpse of the nativity scene,
mystical parables and people
playing instruments on a turret."*



1964.



1970.

"My parents were of Russian origin. Often I don't start the card until a week before Christmas, and if they're not done by December 25, I can always pretend they're for the Russian Orthodox Christmas, which is celebrated January 7."



1972-1973.

THE LADY OF SHALOTT

I

On either side the river lie
Long fields of barley and of rye,
That clothe the wold and meet the sky;
And thro' the field the road runs by
To many-tower'd Camelot;
And up and down the people go,
Gazing where the lilies blow
Round an island there below,
The island of Shalott.

Willows whiten, aspens quiver,
Little breezes dusk and shiver
Thro' the wave that runs for ever
By the island in the river
Flowing down to Camelot.
Four grey walls, and four grey towers,
Overlook a space of flowers,
And the silent isle imbowers
The Lady of Shalott.

By the margin, willow-veil'd,
Slide the heavy barges trail'd
By slow horses; and unhail'd
The shallop flitteth silken-sail'd
Skimming down to Camelot:
But who hath seen her wave her hand?
Or at the casement seen her stand?
Or is she known in all the land,
The Lady of Shalott?

Only reapers, reaping early
In among the bearded barley,
Hear a song that echoes cheerly
From the river winding clearly,
Down to tower'd Camelot:
And by the moon the reaper weary,
Piling sheaves in uplands airy,
Listening, whispers "'Tis the fairy
Lady of Shalott."

II

There she weaves by night and day
A magic web with colours gay.
She has heard a whisper say,
A curse is on her if she stay
To look down to Camelot.
She knows not what the curse may be,
And so she weaveth steadily,
And little other care hath she,
The Lady of Shalott.

And moving thro' a mirror clear
That hangs before her all the year,
Shadows of the world appear.
There she sees the highway near
Winding down to Camelot:
There the river eddy whirls,
And there the surly village-churls,
And the red cloaks of market girls,
Pass onward from Shalott.

Sometimes a troop of damsels glad,
An abbot on an ambling pad,
Sometimes a curly shepherd-lad,
Or long-hair'd page in crimson clad,
Goes by to tower'd Camelot;
And sometimes thro' the mirror blue
The knights come riding two and two:
She hath no loyal knight and true,
The Lady of Shalott.

But in her web she still delights
To weave the mirror's magic sights,
For often thro' the silent nights
A funeral, with plumes and lights
And music, went to Camelot:
Or when the moon was overhead,
Came two young lovers lately wed;
"I am half sick of shadows," said
The Lady of Shalott.

III

A bow-shot from her bower-eaves,
He rode between the barley-sheaves,
The sun came dazzling thro' the leaves,
And flamed upon the brazen greaves
Of bold Sir Lancelot.
A red-cross knight for ever kneel'd
To a lady in his shield,
That sparkled on the yellow field,
Beside remote Shalott.

The gemmy bridle glitter'd free,
Like to some branch of stars we see
Hung in the golden Galaxy.
The bridle bells rang merrily
As he rode down to Camelot:
And from his blazon'd baldric slung
A mighty silver bugle hung,
And as he rode his armour rung,
Beside remote Shalott.

All in the blue unclouded weather
Thick-jewell'd shone the saddle-leather,
The helmet and the helmet-feather
Burn'd like one burning flame together,
As he rode down to Camelot.
As often thro' the purple night,
Below the starry clusters bright,
Some bearded meteor, trailing light,
Moves over still Shalott.

His broad clear brow in sunlight glow'd;
On burnish'd hooves his war-horse trode;
From underneath his helmet flow'd
His coal-black curls as on he rode,
As he rode down to Camelot.
From the bank and from the river
He flash'd into the crystal mirror,
"Tirra lirra," by the river
Sang Sir Lancelot.

She left the web, she left the loom,
She made three paces thro' the room,
She saw the water-lily bloom,
She saw the helmet and the plume,
She look'd down to Camelot.
Out flew the web and floated wide;
The mirror crack'd from side to side;
"The curse is come upon me," cried
The Lady of Shalott

IV

In the stormy east-wind straining,
The pale yellow woods were waning,
The broad stream in his banks complaining,
Heavily the low sky raining
Over tower'd Camelot;
Down she came and found a boat
Beneath a willow left afloat,
And round about the prow she wrote
The Lady of Shalott.

And down the river's dim expanse
Like some bold seer in a trance,
Seeing all his own mischance —
With a glassy countenance
Did she look to Camelot.
And at the closing of the day
She loosed the chain, and down she lay;
The broad stream bore her far away,
The Lady of Shalott.

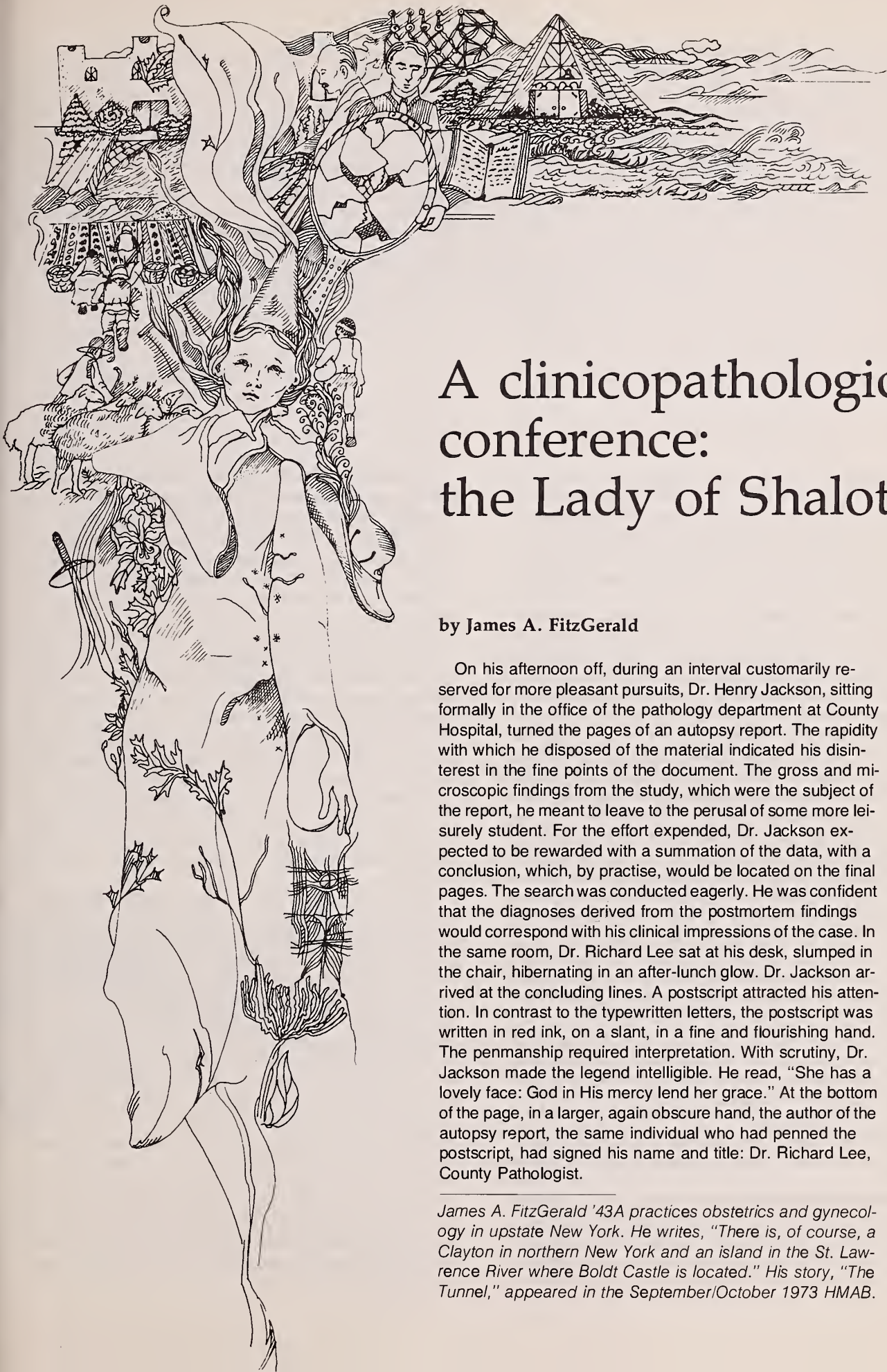
Lying, robed in snowy white
That loosely flew to left and right —
The leaves upon her falling light —
Thro' the noises of the night
She floated down to Camelot:
And as the boat-head wound along
The willowy hills and fields among,
They heard her singing her last song,
The Lady of Shalott.

Heard a carol, mournful, holy,
Chanted loudly, chanted lowly,
Till her blood was frozen slowly,
And her eyes were darken'd wholly,
Turn'd to tower'd Camelot.
For ere she reach'd upon the tide
The first house by the water-side,
Singing in her song she died,
The Lady of Shalott.

Under tower and balcony,
By garden-wall and gallery,
A gleaming shape she floated by,
Dead-pale between the houses high,
Silent into Camelot,
Out upon the wharfs they came,
Knight and burgher, lord and dame,
And round the prow they read her name,
The Lady of Shalott.

Who is this? and what is here?
And in the lighted palace near
Died the sound of royal cheer;
And they cross'd themselves for fear,
All the knights at Camelot:
But Lancelot mused a little space;
He said, "She has a lovely face;
God in His mercy lend her grace,
The Lady of Shalott."

— Alfred, Lord Tennyson



A clinicopathological conference: the Lady of Shalott

by James A. FitzGerald

On his afternoon off, during an interval customarily reserved for more pleasant pursuits, Dr. Henry Jackson, sitting formally in the office of the pathology department at County Hospital, turned the pages of an autopsy report. The rapidity with which he disposed of the material indicated his disinterest in the fine points of the document. The gross and microscopic findings from the study, which were the subject of the report, he meant to leave to the perusal of some more leisurely student. For the effort expended, Dr. Jackson expected to be rewarded with a summation of the data, with a conclusion, which, by practise, would be located on the final pages. The search was conducted eagerly. He was confident that the diagnoses derived from the postmortem findings would correspond with his clinical impressions of the case. In the same room, Dr. Richard Lee sat at his desk, slumped in the chair, hibernating in an after-lunch glow. Dr. Jackson arrived at the concluding lines. A postscript attracted his attention. In contrast to the typewritten letters, the postscript was written in red ink, on a slant, in a fine and flourishing hand. The penmanship required interpretation. With scrutiny, Dr. Jackson made the legend intelligible. He read, "She has a lovely face: God in His mercy lend her grace." At the bottom of the page, in a larger, again obscure hand, the author of the autopsy report, the same individual who had penned the postscript, had signed his name and title: Dr. Richard Lee, County Pathologist.

James A. FitzGerald '43A practices obstetrics and gynecology in upstate New York. He writes, "There is, of course, a Clayton in northern New York and an island in the St. Lawrence River where Boldt Castle is located." His story, "The Tunnel," appeared in the September/October 1973 HMAB.

*My observation is correct.
On the slab, in the dissecting room, in death
her countenance was beautiful.
This I noted as a matter of documentation.*

Dr. Jackson flourished the sheaf of papers like a pennant. His comment issued explosively, "Dick, this is a disgrace." The burst of words did not arouse the somnolent Buddha. Dr. Jackson reached across and shook the pathologist's shoulder. The fellow no more than stirred. When he brought the autopsy report down sharply on his colleague's knees the sleeping giant awakened.

Dr. Lee scratched his belly. The oval-shaped eyes opened and closed, screwed themselves shut, then spread wide to reveal the circles of brown set in the blood-shot white. A yawn diffused and grew; the dimensions were those of the jaws of a bellowing hippopotamus. With a groan, the entire corpus extended and stretched.

The depth of the indentations in the frown indicated the degree of Dr. Jackson's perturbation. An admonishing index finger protruding from a fist pointed at the accused. "Only you," his voice condemned the pathologist, "could add frivolity to an autopsy report." The complainant continued his lecture, "In the frivolity is a great inaccuracy." Lest the utterance be beyond the other's comprehension, Dr. Jackson enunciated the words. He repeated the exhortation in the form of a query, "'God in His mercy lend her grace?'" A second question followed the first. "Richard, do you pray for your patients?"

"My observation is correct," Dr. Lee informed his critic. "On the slab, in the dissecting room, in death, her countenance was beautiful. This, I noted as a matter of documentation." Dr. Lee replied to the obstetrician's second question. "No, I do not pray very often. It occurred to me the young lady was entitled to some indulgence. Rarely do I try to intercede with Heaven on another's behalf. I doubt I am an effective intermediary. I made my request impulsively, prompted, I believe, by the unusual circumstances in the case."

Once again, Dr. Jackson tried to make his point. "I tell you, physically she was an unattractive girl." Inasmuch as the obstetrician considered the girl unprepossessing in life, it was difficult for him to understand how her corpse could possess any redeeming features. Dr. Jackson told of his acquaintance with the girl, "She lived alone on that spit of land in Clayton. The configuration of her property is unusual. The area is elevated. When the St. Lawrence River is cresting, the connecting strand to the mainland is obliterated. An island is formed."

"I know the shoreline," Dr. Lee spoke from his experience with the terrain. When not in the role of pathologist, he was a zealous fisherman. Lake Ontario he knew best; his knowledge of the St. Lawrence River was almost as exact. Dr. Lee chose to present the geography precisely, "On either side of the river there are fields of grain. Elsewhere, the shoreline is wooded. The main road runs downriver in the direction of Boldt Castle."

"She lived in a house of 'A' frame construction." Dr. Jackson was not partial to this type of architecture. The expression on his face indicated his dissatisfaction with the structure. He recalled the color scheme, "Four grey walls and a peak of some indeterminate hue."

Dr. Lee described the location, "She had very little natural shelter from the elements. When the wind blew the willows showed their white, the leaves on the aspens quivered."

Dr. Jackson saw the property from a different perspective, "The channel is just offshore. The tankers are a pretty sight. The barges go sailing by. The Clayton Yacht Club is a short distance away. You could sit on her porch and watch the sails go skimming by."

Dr. Jackson supplied Dr. Lee with additional data. "She made her living doing macrame. The items were on sale in those shops in the area that cater to tourists. Few of the local people could afford such expensive pieces. The girl was very clever at producing the stuff. I don't know where she learned the art. Her product was so much in demand she worked day and night, and was so preoccupied with her work she didn't suffer the distractions that affect other young people."

"She worked in a studio in an upper level of the 'A' frame." Dr. Lee presented information he had obtained from an on the site inspection of the girl's place. "There are broad glass windows. She could see over and beyond the adjacent highway. There is a lively traffic there. The year around residents take that road down to the shopping center and summer visitors follow the same route. The girls and boys pass by in their beach costumes. Lovers stroll hand in hand along the river's edge. The cemetery is down the road and occasionally a funeral procession passes by. Rumor had it the girl had no male friends, none, at least, that anyone in the neighborhood knew about."

Curiosity had led Dr. Jackson to undertake his own investigation of the case. He related his findings, "A neighbor, a man residing in a cottage adjacent to the girl, said he had taken a summer visitor, a college student, to the spit to collect driftwood. While the pair were working on the beach, the girl appeared in one of the upper windows. She stayed there until they left. The older man said the young lady seemed entranced with his companion. He described the boy as handsome, indeed. When I asked him to tell me more about his visitor, he said the lad was a formal fellow, with a personality as stiff as a knight in armor. He did observe the stripling had one idiosyncrasy, he said the chap drove around in a flashy convertible, all the while tooting a musical horn."

"Tirra, lirra," Dr. Lee trumpeted. The bugler hoped the notes were in imitation.

The performance reinforced a conviction of Dr. Jackson's: there was no end to the pathologist's whimsy.

Dr. Lee collected his wits. The grin disappeared. "Another neighbor, a woman, told me of the girl's last trip. Some time before the victim had been found at the docks, this person had seen her leave the 'A' frame. She entered a skiff and headed downriver." Dr. Lee proceeded, "When the girl's house had been inspected, after the body was found, nothing had been disturbed. There were a few scattered articles."

"Then, she left hastily," Dr. Jackson adjudged.

Dr. Lee concurred, "You might say she fled the web, she fled the loom."

A quizzical Dr. Jackson studied Dr. Lee. The exercise supplied less than edification.

The obstetrician asked the pathologist, "There were no clues, no evidence to account for the urgency in leaving?"

"None whatsoever," Dr. Lee replied. As coroner, he had searched long and hard for solutions to problems. One finding, in particular, continued to puzzle him and he told of his concern. "A large mirror was found cracked. The object that caused the damage was never identified."



Continuing the conversation, Dr. Lee speculated there might have been some defect in the glass or that it shattered subject to some extreme temperature change. As much as he tried, he could not explain how torn pieces of macramé had arrived outside the workshop. Blown by the wind, he suggested to Dr. Jackson. The pathologist refrained from admitting he doubted this version.

Dr. Jackson mentioned he had heard more than one account of what had transpired. The obstetrician affirmed he was impressed with the unanimity of opinion of the witnesses along the river's edge. Those on shore agreed they heard the girl sing as she drifted downriver. In retrospect, the audience remarked the sound was chilling: an eerie voice out of the mists in the night.

"When she drifted into the docks in town, this was dramatic," Dr. Lee's voice rose in a theatrical tone, "the river, the boat, the body, and Boldt Castle in the background." As coroner, Dr. Lee had been called to the scene. His burly figure was impressive when he pushed through the hushed crowd, a detachment of State Troopers following respectfully behind.

"Was it true," Dr. Jackson inquired, "the townspeople could not identify the body?"

"This was so," Dr. Lee recounted, "nobody paid any attention to the name written on the prow of the boat. It was a harrowing moment for those onshore: the skiff gliding out of the night, the vessel bobbing along dockside, the solitary passenger like a corpse."

"It was the young man, the summer visitor, who had seen her before by chance who made the identification." Dr. Jackson spoke of a notice he had read in the newspaper.

"Yes, that is true," Dr. Lee testified. "Those who saw the chap with the girl's body said he was distraught. The same people said the boy acted most kindly, whispering to the apparently lifeless figure, praying over the form."

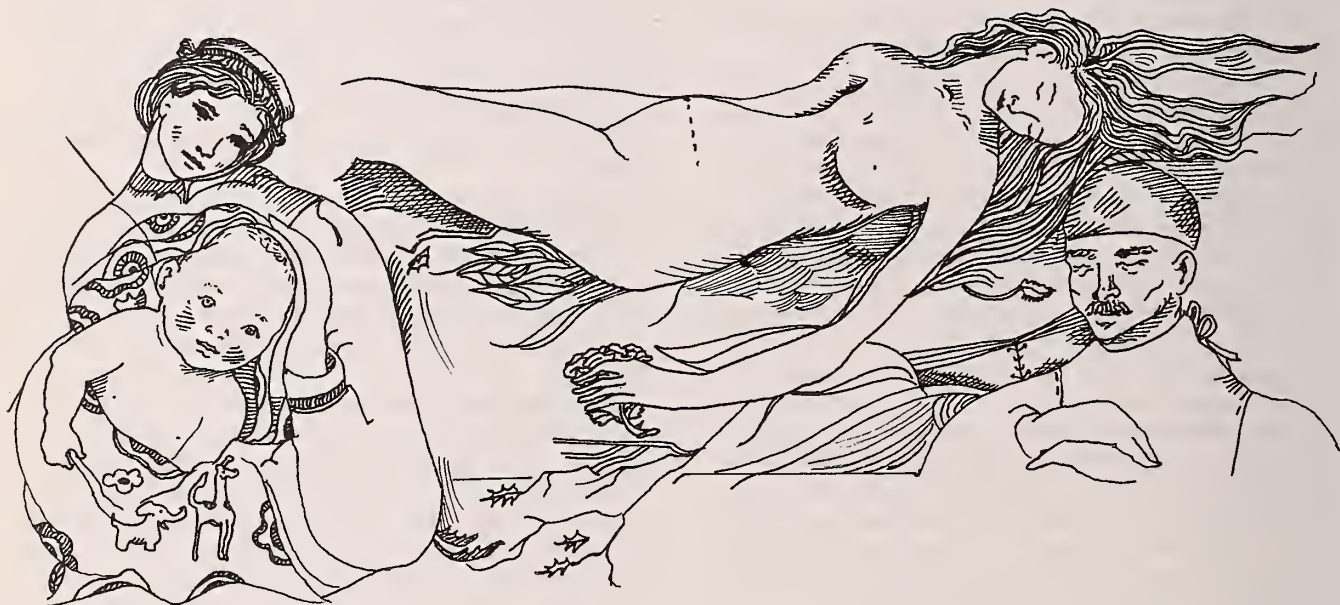
"When the police called the coroner's office, did they tell you the victim was dead?"

"Yes," said Dr. Lee. "When the ambulance arrived on the scene the patient was considered dead. She was in a profound coma and the vital signs, for a time, were unobtainable. When she arrived in the emergency room, the attending physician found her drowsy but arousable. She was aphasic with her head turned to the left. She exhibited weakness of her extremities on the right side, hyperactive reflexes, and equivocal right plantar responses. Shortly after admission, she became completely unresponsive and rigid. Apparently the pathologic process had been reactivated."

"This was when they called me," Dr. Jackson complained. The summons coming late at night did not please him. The obstetrician told of his participation, "The emergency room crew concentrated on the neurological finding. Someone in the group finally thought to palpate her abdomen. I interpreted the mass for them. The fundus of the uterus was at the xiphoid process. There was a fetal heart rate of 140 beats per minute. On pelvic examination the cervix was 'unfavorable.' The structure being long and closed, labor could not be induced."

"Unmarried and pregnant," Dr. Lee intoned. The room became quiet. For several minutes the discussants pondered the deceased's dilemma.

*An amused Dr. Lee asked Dr. Jackson,
"I suppose you knew the baby would be all right?
You seem to have been aware of
every facet of the case."*



Because a copy of the patient's hospital record had been included with the autopsy report, Dr. Lee was able to turn to the clinical data. His voice was commendatory, "The patient didn't suffer from a lack of physicians. The chart says the team consisted of the emergency room physician, an anesthesiologist, an internist, a neurosurgeon." Dr. Lee put down the document. He bowed his head to Dr. Jackson. The pathologist spoke sweetly, "And you were there to supply the obstetrical talent." Accepting the compliment, Dr. Jackson preened himself. The pathologist prepared to ruffle the obstetrician's feathers. Dr. Lee selected the words carefully, "In the hierarchy, I imagine you were low man on the totem pole."

Dr. Jackson's response paraded his diagnostic skills. He was emphatic. "Let me tell you something," he addressed the pathologist, "the elevated blood pressure was a red herring. I told them to forget about eclampsia as a diagnosis. Sure enough, the spinal tap produced a grossly bloody fluid. You should have seen the pink column shoot up in the manometer. It was just as I expected it would be."

The obstetrician looked smug. His contributions to the case had led to the diagnosis of the condition; he was convinced of this. Dr. Jackson thought back to the gloom of the emergency

room. Once on the right track, he had taken the time to drop a few 'pearls' for the anxious consultants. The assemblage had been told the entity the patient suffered from occurred in from 1 in 2,700 to 1 in 8,070 pregnancies. Dr. Jackson had amplified the point by explaining the difference in the figures depended on the interest of the obstetrical and neurosurgical units in the problem. The team working over the prostrate form of the girl was less than heartened when Dr. Jackson dredged up such an ominous statistic. It was from the literature Dr. Jackson pontificated: in one institution the lesion accounted for eighty percent of the maternal mortality. At this point, the consulting neurosurgeon, disturbed enough with the case, and distracted with Dr. Jackson's recital, asked the oracle of an obstetrician: as dolorous as he was, did he have a predilection for wakes and funerals?

Dr. Lee read further in the chart. "The arteriography report was interesting: it showed a posterior communicating aneurysm."

"It confirmed my diagnosis," Dr. Jackson's words had a finality.

Dr. Lee nodded his head reluctantly. The pathologist folded his hands in resignation.

Dr. Jackson dipped again into the font of learning. His

statement had the authority of a textbook, "I advised the staff to use dexamethasone phosphate to reduce the elevated cerebral pressure." Dr. Jackson was full of facts from esoteric journals, "The use of mannitol for reducing elevated cerebral pressure in the pregnant state is ill advised. Animal studies show a flow of water from the fetus to the mother."

A drowsing Dr. Lee seemed unimpressed with the display of learning. The pathologist grunted when Dr. Jackson told him he had advised the anesthetist hypothermia might be used with no adverse effects, but inducing hypotension during the operation could result in excessive fetal movements and deceleration of the fetal heart rate. With considerable regret, Dr. Jackson told Dr. Lee the emergency room group was not inclined to accept an obstetrician's pronouncements.

An amused Dr. Lee asked Dr. Jackson, "I suppose you knew the baby would be all right? You seem to have been aware of every facet of the case."

Less than modest, other than humble, Dr. Jackson answered, "As I anticipated the child was fine at delivery. Following the Cesarean Section the Apgar score at one minute was 8, at two minutes 9, at three minutes 10. Quite a satisfactory result. Incidentally, the baby was a male infant weighing 6 lb. and 3 oz."

"Did the neurosurgical team perform the craniotomy immediately following the Cesarean Section?"

To Dr. Lee's question, Dr. Jackson replied, "Yes, that part of the surgery went almost as well as the Cesarean Section."

"Almost as well?"

"Postoperatively there were a few problems. The patient was lethargic and aphasic. The baby continued to do well. When the mother developed thrombophlebitis in her lower extremities, I asked the therapeutic team why they hadn't used prophylactic anticoagulants. I had suggested this form of therapy earlier in the case."

"There was some contraindication to the use of anticoagulants?"

"None whatsoever. It could have been life-saving for the mother. Afterwards, I reviewed the literature for the team. When I presented the facts, no one in the group commented."

"Their therapeutic assignment was an impossible one," Dr. Lee explained to Dr. Jackson, "the phlebitis extended throughout the entire course of the deep veins in both legs. At autopsy there were multiple pulmonary emboli. Both lungs had massive involvement. I believe the condition was widespread before the therapeutic team intervened."

"Once the aneurysm had been tied, if anticoagulants had been given, the results could have been different." The absence of any culpability on his part consoled Dr. Jackson.

Dr. Lee began, "There are none so blind as those who will not —." The pathologist did not finish the sentence. He picked up the thread again. "There is very little about the case you did not anticipate. You made the diagnosis. You performed the Cesarean Section. The baby did well. You predicted the maternal complications."

"That is so. But one point is not clear to me," Dr. Jackson confessed, "I do not understand the reason for the postscript. Your comment is irrelevant."

"You signed the birth certificate. Did you read the form?"

Dr. Jackson replied, "I do remember the child had been given some unusual name."

"What name?"

Dr. Jackson's memory failed to produce it. The obstetrician could remember every detail of the case, each implication of it, every ramification. No recess in the repository of his mind held the child's name.

"L-a-n-c-e-l-o-t," Dr. Lee spelled the word.

Dr. Jackson remained uninformed. "Lancelot," he protested. He objected, "Lancelot, Lancelot, Lancelot."

"You will find the reference in the literature," Dr. Lee advised. "Specifically, I refer you to one: Alfred, Lord, Tennyson."

Dr. Jackson put down the autopsy report. The obstetrician prepared to leave the room. Jacket buttoned, tie adjusted, his lapels smoothed, he assembled himself. Dr. Lee resumed his nap once the door to the corridor closed.

In the hospital library, having been supplied with an index of books, Dr. Jackson remained undecided: would the author be listed under the "A's" or the "T's"?



Notes on and to the dead

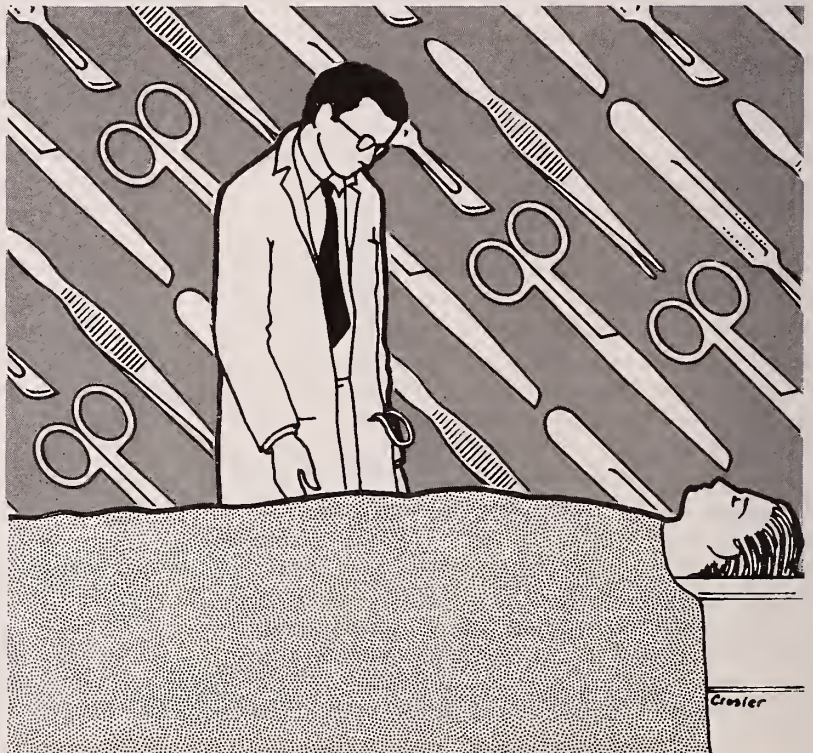
Every student needs a patron saint
to teach that signs of life
do not disappear at the last exhalation.

by Allan Hamilton

The dead have a great deal to do with the process of educating doctors. I, for one, owe them much as a medical student at Harvard. My encounters with the dead have, in fact, become a subtle group of landmarks in the memories of my first year.

My first encounter was in October and was not of the close kind. On the contrary, it was a passing glance into the room of a nineteen year old boy dying of cystic fibrosis in Children's Hospital. It was a quick glance. He was sitting up; he had his shoulders hunched and his arms braced against the rolling tray across his bed. Over his face was strapped a transparent green mask to give him oxygen. What stood out most was the piercing concentration in his face; his whole being was focused intently on a single purpose: to get the next breath into his body. My anatomy dissections on my cadaver have since taught me that he was bracing himself against the table edge to solidly anchor his shoulder girdle. In this way he might call into play all the accessory muscles of respiration to heave his thoracic cavity into as wide a diameter as it could bear. Thanks to my cadaver I can also name all those muscles I saw bulging with effort on his neck and shoulders.

Allan Hamilton is a second year medical student.



As the group of students of which I was part moved hurriedly past his open door, the resident calmly remarked: "That one in there is dying." It was so effortlessly and tranquilly stated; I was filled with a sort of childish admiration that the resident felt no rude shock when facing death. He had been tempered into commanding solidity by the years of training and discipline on the wards. "Why is he dying?" I asked. The resident patiently explained: "All the CFs finally die here. They fight for months with everything they've got to keep breathing but after a while they can no longer eat, sleep or even watch television. They have to concentrate only on breathing. Eventually they just become exhausted from lack of sleep, food and the sheer exertion. He'll only be able to fight for a few more hours in there, then he'll go. He's spent everything he had."

My second encounter was in anatomy lab in February. Dr. Elio Raviola, the head of the gross anatomy course, had prefaced the departure to our first dissection with a short remark: "You will all have a reaction of some kind to these bodies. I myself would not trust the physician who did not have some sort of emotional reaction to his or her cadaver. So treat these cadavers with the same respect their families have shown to the medical profession by donating them to the students at Harvard."

My cadaver was a woman. Somehow it made me feel better that it was not a man. I felt silly when I sensed that reaction in myself. Affirmative action should extend even into my feelings about cadavers I told myself. I was also glad that my cadaver looked more like an Egyptian mummy than a real human form. It made all the incisions and dissections easier — more like digging at an archaeological site than actually intruding into a human body. My lab partners and I gave her a nickname, of course: La Comtesse Innominée de L'Anatomie. It had class; it smacked of the aristocracy, fine breeding, noble carriage and masquerade balls with champagne.

We all secretly intruded on the past life of our cadavers. We saw all the scars of old operations, the discolored arms where the IV lines had gone in the last days. But looking deeper, we could get much closer. Some sort of morbid curiosity drove us to search for clues of the past life. The scars that had faded from years ago were there for interpretation. The one above the eyebrow which allowed one to postulate a fall from a swing or tricycle; the tattoos on the forearm that conjured up years as a deckhand on a tossing tramp steamer. There were the broken noses from the brawling and broken legs from past skiing accidents. There was also the younger woman with a curious tattoo on her inner thigh that titillated us all for a moment and reminded us that there was real human passion and love amongst these cadavers once. It was blood and not formalin in their circulation then; everything had been moving, rolling, pumping there once where we now peered and probed so indiscreetly to view the ruins.

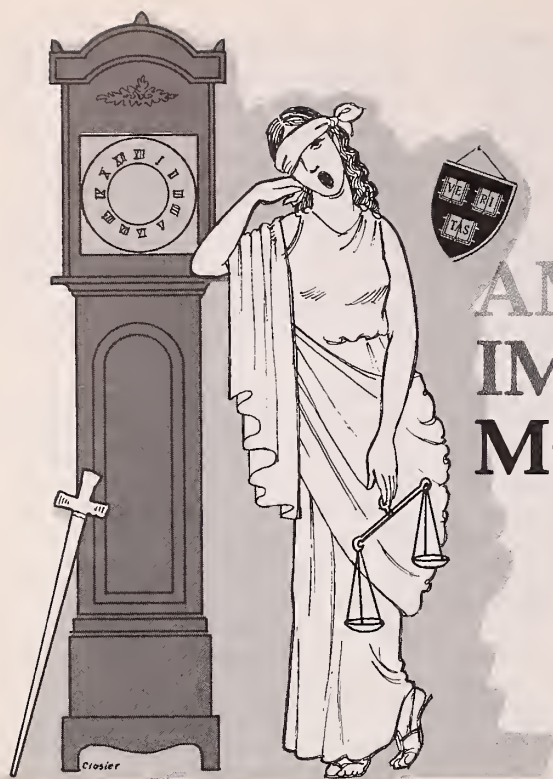
It is funny how familiar my anatomy partners and I acted toward Innominée. We talked to her as we worked. She was our first patient in many ways. We thanked her for being lean when it came to dissecting out the musculature and we cursed her just as readily when her abdominal organs were too adherent with cancer to be properly dissected. She taught us a lot more than anatomy in her patient, silent way.

My most jarring encounter with death occurred almost at the stroke of midnight later in the spring. I was with a young internist who was on call in the emergency room. He was called to pronounce a patient dead on the wards and I accompanied him. The patient had died of pneumonia. He felt for the pulse in the wrist, at the neck and in the groin. He listened with his stethoscope over the chest for what seemed like an eternity; he listened also for her breath. He tested all her reflexes. He listened

for a heartbeat again for another eternity. She did not look all that different from Innominée, just a little pinker, a little less wrinkled. She smelled of the urine that had run all over her bed-sheets. She was still infectious and dangerous though; Innominée was not. No matter how massive the metastases were in Innominée, they were all safe to handle, fixed in their malignancy by the all-pervasive formalin in the veins.

Then I did something I never expected to do, nor even remember thinking of doing at a conscious level: I reached out and touched the body of the recently deceased patient. Behind the curtain that hid her from the rest of the world I touched her. The skin was so warm it felt as though it could burn. The skin was so pliant my fingers sank into it. It was like touching human warmth for the first time in my life. A last breath lost in the motionless lungs escaped in an awkward kind of weak burp. O my God, I thought, this is it. This is the great dividing line; this is the absolute irrevocable step. The doctor simply looked at me with a mixture of curiosity and compassion. As he left the room in front of me, he said over his shoulder: "I always take this sort of thing very seriously." He then duly recorded the facts about the end of this life, the examination he had performed and the time — always the time.

So it seems that moment by moment I haphazardly bump into mortality and slowly learn about death and indirectly its alter-image, life. I seem to have to test my own vague apprehensions and awareness of personal finiteness. I have learned that death is the Alice-in-Wonderland-through-the looking-glass topsy-turvy world through which the pathologist learns about disease, through which the student learns anatomy and through which we perceive the antithesis of health and all those benefits and re-prieves we hope that competent, compassionate medical care can bring to the living. It seems that as doctors we will all owe a debt to the dead that goes far beyond the limits of medical education; their lessons seem to strike in a most peculiar fashion at the very heart of truth and lasting wisdom.



AMORAL IMMORAL MORAL

On their honor

by Theodore L. Badger

At a faculty meeting some years ago there came up the consideration of two graduating students who had been caught cheating on their final examinations. Most faculty meetings are belabored with routine problems, but this one proved an exception. The subject was a vital moral problem for all physicians, and the tension that prevailed was as taut as a violin string.

The faculty room was large and rectangular. The walls were covered with portraits of former chiefs of medicine and surgery who, had they been able to listen, might have wondered about the ethical standards of modern teachers of medicine. A beautiful antique grandfather clock stood in one corner, but it

no longer kept time. Was this clock, whose time seemed spent, symbolic of the state of mind of those who sat in judgment of right and wrong. A long, heavy oak table was placed endwise toward one wall in the center of a semi-circle of folding chairs that filled the room. The president of the University, as chairman, sat at the end nearest the wall, with the deans of the School on either hand and department chiefs filling the remaining chairs around the table. The irony of the whole show was that the coat of arms of the university — with its "Veritas" motto — hung behind the table. Contrary to custom, many of the faculty came early rather than late to be assured a seat, and the room was jammed when the meeting was called to order.

The single item on the agenda was "cheating on examinations." The report from the proctor of the examinations was carefully prepared, convincingly pre-

sented, and appeared to indicate clearly that the students had cheated. The question to be debated was whether the two should be awarded their M.D. degrees on schedule or be disciplined by withholding their degrees until, over a period of time, they had convinced the faculty of their basic integrity.

The meeting was dramatic. Much was at stake for both students and faculty. The faculty was like a jury, anticipating a definitive decision. The evidence was meticulously presented and a lively debate ensued. Several senior members of the faculty staunchly defended the students' cheating. One professor of oncology and two professors of psychiatry argued that no discipline should be imposed and that both students should be awarded their degrees on schedule in June. They argued that the "accused" owed nothing to anyone — their teachers, their medical school, their university, or their classmates — and if they chose to cheat, that was their wish and decision. Any discipline, they maintained, would be traumatic and ruinous — and the guilt arising from such measures would be the faculty's.

After further discussion, with remarkably few and feeble proponents of discipline, the motion was called for and the final decision, "no discipline," was carried by a narrow margin. So persuasive had those in favor of cheating been that this conservative, idealistic, and supposedly ethical, but unpredictable, faculty accepted in principle that cheating on examinations was all right — provided one did not get caught.

Thereupon one of the faculty seniors, a professor of surgery, rose and said, "Gentlemen, there is something very wrong with this decision, something amoral and probably unethical in overlooking this matter of intellectual dishonesty, this apparent lack of a moral guide for the future practice of medicine. I request, therefore, that the decision be temporarily tabled and the faculty be reconvened two weeks from now to reconsider this decision after further study with a hard, cold look by each one of you into your own conscience." This was approved.

At the second meeting of the faculty, all the arguments for cheating were again strongly articulated, but now previously

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silent faculty members strenuously voiced their opposition. Honesty, moral standards, and loyalty to others were staunchly defended. Additional considerations led to evidence that one of the students involved had admitted to cheating. It was moved, seconded, and approved that his M.D. degree be withheld for a least a year or until the faculty was convinced of his integrity. The second student, contrary to the monitor's testimony, vigorously denied any cheating. Since it was much easier to believe his assertion, that student was granted his M.D. degree on time and proceeded to an internship.

In retrospect, the reasoning behind these decisions was neither clear nor simplistic. If the student who had openly confessed to cheating was exonerated by admitting the truth, shouldn't he have been given his degree on time? On the other hand, confession neither negated the crime nor released the student from the moral code that is so integral to both the academic and the practicing physician. It was considered whether, having confessed to cheating, he might set an example both for himself and for others had he received no discipline. The student, however, also might have felt that his confession did not receive the consideration it deserved. The faculty finally concluded that he was rightly disciplined for an error in moral conduct.

It is just possible that there was a touch of George Washington in this young man, and his record since has been exemplary. He received his M.D. degree a year after leaving Harvard and has progressed to become a professor in a major medical school. His classmate, whose denial of guilt assured a degree without delay, has lived with this decision and disappeared from sight without significant accomplishment or eminence in the profession.

The handling of this problem by the faculty may be open to grave criticism. Although it is difficult to know, next time there might be more judicious ways of dealing with such a situation. Perhaps the decision for or against discipline should have been in the hands of a student honor committee.

Interestingly, little of importance is recorded in the official minutes of these

two extraordinary, tempestuous faculty meetings. The drama and excitement have been lost to obscurity either by carelessness or by purposeful omission, leaving only the barest facts in the secretary's report: "That the student who had confessed to cheating should have his degree deferred, while the other, who denied any cheating, was granted a degree on time."

Time may have blurred the recollections of the minutiae of the crime and punishment. No matter. What does matter is the integrity of the profession, the honorable and ethical aspiration of the young physician, and the confidence of doctor-patient relationships. This concept of mutual honesty that has been nurtured in our medical students since the time of Aesculapius and Hippocrates should never be lost sight of. It remains hardly understandable how so prestigious a medical faculty could be so easily swayed to support cheating at one meeting, and two weeks later to reverse itself. What are we coming to if the Faculty of Medicine, which should

set the moral code for its students, could be so divided in its tolerance of cheating?

In a short but enlightening article in the *Annals of Internal Medicine* in 1973 entitled "The Truth," the Right Reverend Doctor J.A.T. Robinson offers a compelling statement: "All of us as patients have a double attitude towards doctors. Our attitude is one of enormous respect and trust, but also of niggling suspicion that they are engaged in some sort of conspiracy to withhold the truth, or at any rate to treat one as a person who cannot be expected to understand . . . What I would look for more than anything else in my doctor would be a preparedness to be absolutely honest and truthful with me."

These thoughts are reminders to every medical faculty and medical student that honesty and high ethical standards are attributes of character that must be cultivated and woven into the very fabric of our professional lives.

Taking lying seriously

by George S. Richardson

"Sin has many tools, but a lie is the handle that fits them all." Oliver Wendell Holmes, The Autocrat at the Breakfast Table, VI.

"Rob the average man of his life illusion, and you rob him of his happiness at the same stroke." Henrik Ibsen, The Wild Duck, Act V.

"I deny the lawfulness of telling a lie to a sick man, for fear of alarming him. You have no business with consequences; you are to tell the truth . . . Of all lying, I have the greatest abhorrence of this, because I believe it has been frequently practiced on myself." Samuel Johnson, Boswell's Life, June 13, 1784.

"I tell the truth, not as much as I would, but as much as I dare — and I dare more and more as I grow older." Michel de Montaigne, Essays III.

Siissela Bok's book, *Lying: Moral Choice in Public and Private Life*, is a small volume about large questions. It is not a string of quotations (it contains a select few — but the ones noted above are not cited in the book) and its scholarly apparatus is not as massive as the length and depth of the subject suggests. But the quotation from Ibsen reminds us that the problem of lying is linked to the problem of human nature, and includes, among other things, the question of whether a person's illusions are not the product of lying parents in a lying society. The shortness of this book is excused by the fact that philosophers in general have tended to ignore lying as an issue. To this observation Ms. Bok adds an interesting footnote: "It is a sign of the neglect of these debates in recent centuries that so widely read a writer as Hannah Arendt could claim, in *Truth*

and *Politics*, that, except for Zoroastrianism, none of the major religions included lying as such in its catalogue of grave sins, and that lies only came to be considered as serious offenses with the rise of puritan morality."

Lying is not one of the Seven Deadly Sins (Pride, Envy, Anger, Sloth, Avarice, Gluttony and Lust). Indeed, one of the charms of a song of the 1930s was its deliberate silliness: "So be sure it's true/when you say, 'I love you!'/It's a sin/to tell/a lie." The Ninth Commandment refers to perjury, doesn't it, and where else in the Bible is lying condemned as a sin? (Ms. Bok does not take up this question exhaustively, but see a Concordance, where you'll find many references between Gen. 4:10 and Rev. 21:8).

In view of so much recent neglect of the topic by the wise, why did Ms. Bok write this book at this time, and why should Harvard Medical alumni/ae read it? It is, of course, a post-Watergate book, and can be taken to represent "post-Watergate morality." It also reflects the rise of minorities and women who are perhaps the groups most often lied to, and the rise of consumerism. Television allows unprecedented numbers of people to be told apparently face-to-face lies, and the illusions of Ibsen's "average man" are manufactured nowadays by mass media. With our corporate institutions growing to enormous proportions, the slogan that "communication is the name of the game" is heard increasingly often, and with this comes the problem of more lying.

As doctors, we find ourselves participating with lay persons on institutional review boards that insure the informed consent of human subjects in research; actually this is how Ms. Bok, who lectures on medical ethics at HMS, originally entered the field. HMAB readers, therefore, will find her book especially sensitive to medical issues, to prescribing placebos, to the problems of truth related to the doomed or dying patient, to the pseudo-patient who comes as a spy for consumerism (or simply journalism), to problems of confidentiality, and to the dilemma of whether Hippocratic brotherhood should prevent a doctor from revealing another's incompetence.

Medical issues are often mixed with other complex social issues, as when a pediatrician is asked to prescribe an excuse from forced busing. Another instance is a story that illustrates how children can be hurt as much, or more, by lying than adults: "An adolescent boy has only one kidney, as a result of having had cancer as a baby. The parents, wishing to avoid the worries that this knowledge might cause him and his siblings, told them instead the following story: that the boy, when very little, had been swinging, watched over by an eight year-old sister. He had fallen out and hurt himself so much that the kidney had been gravely injured and had been removed. The boy now has but one desire: to play contact sports. He knows he cannot do so with only one kidney. He is angry and resentful toward his older sister, who in turn feels deeply guilty."

Ms. Bok points out that the Hippocratic oath, and virtually all oaths, codes, and prayers, make no mention of an ideal of truthfulness to patients about their condition, prognosis, or treatment. "One of the few who appealed to such a principle was Amatus Lusitanus, a Jewish physician widely known for his skill, who, persecuted, died of the plague in 1568. He published an oath which reads in part: 'If I lie, may I incur the eternal wrath of God and of His angel Raphael, and may nothing in the medical art succeed for me according to my desires.'"

The physician will be pleased to see that at least some lawyers are a lot worse than doctors, as most of us always suspected: the dean of Hofstra Law School has stated in a book on lawyer's ethics that a defense lawyer may use testimony that is known to be false in making the best case for the client (p. 159).

This reviewer would recommend *Lying* to his fellow alumni/ae for reasons that lie deeper than medical ethics, however. It clarifies and strengthens our allegiance to truthfulness, if only by reminding us to put ourselves in the position of the deceived, like Dr. Johnson. It provides, in its appendix, some foundation blocks (Augustine, Aquinas, Kant) and it points to important outside reading. It is a book to be shared, to be introduced into religious discussion groups, and, if any of us could find the time for a retreat, it would be a good book to retreat with. I think we would soon agree that it is important, right now, to work to rectify the world of lying communications, which threaten to reduce us all to the apathy of the brainwashed.

A remarkable palindromic poem summarizes our post-Watergate situation (*Palindromes and Anagrams*, Dover Publications, 1973):

An era midst its dim arena
Elapses, pale.
No, in uneven union
Liars, alas rail.

Lying: Moral Choice in Public and Private Life. Sissela Bok, Pantheon Books, New York, 1978. 326 pages, \$10.95.





As we knew him

The work of Donald D. Matson on hydrocephalus exemplifies the clinician working at the juncture of basic science discovery and patient application.

by Francis D. Moore

Late one dreary wintry afternoon the weekly surgical service meeting was underway. There were discussed and analyzed the unsolved problems of the surgical department: errors in diagnosis, deaths, complications. Frequently the discussions were broad ranging, dealing with many aspects of human disease. Some particularly difficult problems were under review. None of them was neurosurgical.

Donald Matson was there, as he always was. He attended these meetings even though neurosurgical patients were a fraction of the total. The concerns of all surgical patients were his concern. He was there to listen, take part and add his word when appropriate, which was often.

On that particular evening we were discussing a patient who had a particularly difficult time with a perinephric abscess.

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Two or three of those present knew that this had been one of Don's problems in his younger years. When the discussion was over, he was asked if he had any comment. With a chuckle, he said that he thought the disease could be very troublesome. Especially for the patient.

The next morning a kidney transplant was on the operating list. No donor's name was on the list, but one of the nurses had written, as a matter of routine, "Matson kidney." This did not mean that the surgeon was about to take a kidney from Dr. Matson or one of his family, but rather that he was removing a kidney from a child, as part of a subarachnoid ureteral shunt for hydrocephalus. Right from the first of these operations he saw to it that these children's kidneys were not wasted.

Some years later, as I was coming in to watch Don work, he said: "Good morning, I am sorry I can't turn my head. It makes me a little dizzy. Maybe I'm coming down with something." In-

advertently he had voiced the first minimal symptom of his final illness. That can be a story in itself.

Donald D. Matson died on May 10, 1969. During the subsequent months this lectureship was established by his friends, patients, colleagues, pupils, and teachers from all over the country. I am honored to be asked to give this lecture.

Today I would like to examine the career of this remarkable man, not as a sentimental journey, appropriate though that might be, but rather to gain an understanding of how one man bridged the chasm between the laboratory and the clinic. Possibly, in doing so, we may gain an understanding of how to build strength in the clinical departments of a great university.

Donald Matson was born in November 1913 in Fort Hamilton, New York, the son of an Army Colonel in the Coast Artillery. As a

schoolboy and college student at Cornell, Don excelled both as a scholar, graduating with distinction from Cornell in 1935, and as an athlete, in swimming, tennis and golf. Before coming "back East" to Cornell, he had for three years been a scholar of the Telluride Foundation College in California, which was established to select the most promising young men and support their education.

Don arrived in Boston in September of 1935 ready for work at Harvard Medical School, acquainted with very few others of his first year class. Moore and Matson both begin with "M," so we found ourselves close together, but hardly adjacent. After all, Matthews, Mendenhall, Michael and Mixer came in between!

While a medical undergraduate, Don Matson published an article with Dr. John Rock on diagnosis of infertility.¹ As a fourth year student he presented a paper at the Boylston Medical Society on lung abscess, a study undertaken with Dr. Thomas Lanman, thoracic surgeon to the Children's Hospital. Shortly after graduation, this paper was published as a major review article in the *New England Journal of Medicine*.²

Internship began on July 1, 1939. Only two months after we started, as I was walking through the lobby of the MGH, I noticed the headline on the pile of newspapers there, "Germans Invade Poland." Although hardly unexpected, it seemed absolutely incredible that this tragic disaster had happened twice in our lifetimes.

Dr. Matson took some further residency at the Brigham and Children's, and went off to the war in 1943. But that brought some happy events in its train. He was assigned to New York for special officer training, and there, at an officer's dance at the Roosevelt Hotel, he met an engaging psychiatric social worker, Miss Dorothy Everett. Courtship lasted through the spring and summer. They were married in the early fall, just before Don went off to Europe. Over the years they were to have four children, Martha, Donald, James and Barbara.

Don was selected for the 3rd Auxiliary Surgical Groups. He was responsible for neurosurgical care of the wounded



The Class of 1939 surgical internship group at the Peter Bent Brigham. Back row (left to right): John E. Adams, Donald D. Matson, Eben Alexander. Front row (left to right): Henry Swan, Edward Ferguson, Frederick P. Ross. Of this group, Adams, Matson and Alexander entered neurosurgery, inspired in their student days by the work of Dr. Franc D. Ingraham.

in the European Theater of Operations, working under the overall generalship of Dr. Elliott Carr Cutler.

Dr. Matson and his group worked closely behind the front lines. When peace came they were deep in central Europe. Don's first rest in two years was in Czechoslovakia. Despite his junior status (he had not yet had his senior residency) he was promoted to the rank of major. He finished his military service in 1946 as a surgical team leader and earned the Bronze Star as neurosurgical consultant to the First Army.

Returning to the Brigham he found Dr. Cutler gathering a department back together that had been more seriously depleted by war losses and changes than any other clinical department at Harvard, and with Dr. Cutler himself suffering an illness that was to allow him but one more year of activity before his death. For a time, Don studied at the Lahey Clinic with Dr. Gilbert Horrax, another of Cushing's residents. In 1947 he went to Duke University to spend a year with Dr. Barnes Woodhall. In this period he wrote a number of articles with Dr. Glen Spurling covering the management of missile wounds to the

central nervous system, the spinal cord and the peripheral nerves.^{3,4}

Now on the Harvard faculty, Dr. Matson joined with Dr. Ingraham and his classmate, Dr. Eben Alexander. They cared for an increasing load of difficult clinical problems in neurology. For several years Don had cherished an interest in the secretion, absorption and metabolism of cerebrospinal fluid. This had been a classic concern of the surgical laboratory at Harvard since its opening in 1912, under Dr. Cushing. The first papers published from that laboratory were jointly authored by Dr. Cushing and Dr. Weed, on cerebrospinal fluid.⁵⁻⁷ Don's stimulus to study cerebrospinal fluid formation came not only from the physiologic inquiry, but from compassion for young children fated to lose brain function only a few years after birth and to die a miserable death of hydrocephalus.

His first papers in this field were published between 1948 and 1951, and include a clinical description of various forms of hydrocephalus and a laboratory model to reproduce the ailment in the dog. Concurrently, Don investigated the use of synthetic plastics in

surgery,⁸⁻¹⁴ a field espoused by Dr. Inghram, in part based on his experience with plasma fractions, such as fibrin foam, in the brain.^{15,16} From this double approach grew a method to relieve hydrocephalus by making a plastic tube as a shunt to drain the fluid from the subarachnoid space into the ureter, relieving the increased intracranial pressure.

Don was not the first to create a conduit around an obstructing point in the circulation of cerebrospinal fluid. He always gave credit to those who had gone before him, especially Dr. Tor-kildsen.¹⁷ But he was the first to succeed in relieving communicating hydrocephalus, using the ureter as the terminal end of the conduit. Don was able in 1949 to report a new operation for communicating hydrocephalus.¹⁸

The first patient to have an operation of this type was a child whom Don had cared for at Duke University — a little girl of eight, who, following a severe head injury, had developed a communicating type of hydrocephalus due to obliteration of the sub-arachnoid space. A rather large plastic tube conduit was placed between the lumbar subarachnoid space and the ureter, the kidney being removed. Pressure was relieved. Waning mental function returned. Within a few weeks it was possible to repair the defect in the child's skull, a repair in which Dr. Matson was also experienced on the basis of war-

time head wounds. By mid-1949 three more Matson shunts had been carried out at the Children's Hospital. In all, a total of 172 were done using this particular type of ureteral shunt, and another 98 using the ventriculo-ureteral shunt, likewise developed on the basis of a dog model.^{19,20} Although shunts to the ureter have since been supplanted by others emptying cerebrospinal fluid into the veins or the peritoneal cavity, they all partake, to a greater or lesser extent, of the experience gained by Dr. Matson and his group in those early days. And some of the patients operated on as long ago as 1949 are still getting along well.

He was the first to join successfully the subarachnoid space to the ureter, using a plastic conduit. The operation was recognized the world over, known as the Matson Procedure. Today, a child born with hydrocephalus often has as its only hope for a reasonably normal life, the development of a shunt procedure.

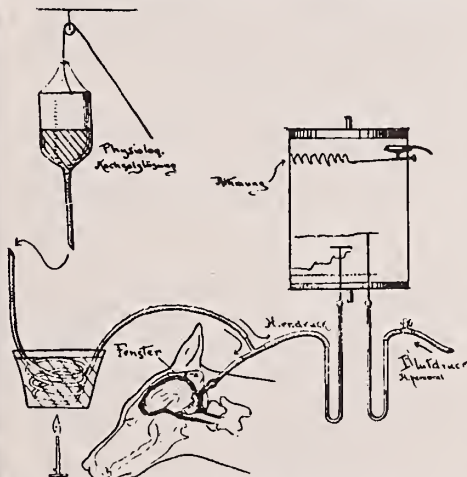
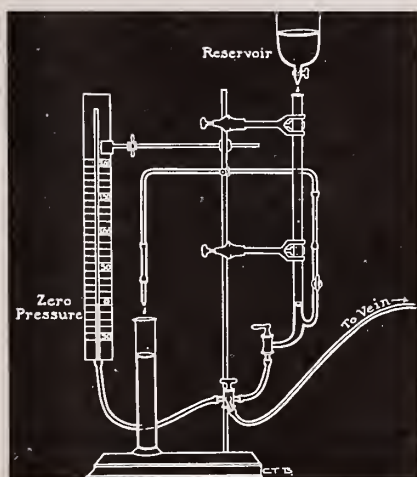
Three aspects of this phase of Don's life are particularly intriguing: the social significance of what he was doing, the academic significance of his career, and the character and meaning of leadership in the clinical departments at Harvard Medical School.

Shunt surgery is expensive, high technology medical care that is applicable to only a few patients,

but for those few patients it is life saving. It was once said of Dr. Matson's work: "At a time when society is questioning the relevance of the highly specialized teaching hospital, using elaborate equipment and a large, specialized staff for acute care, and is looking toward some sort of community goal, it is well to remember that at the center of the teaching hospital there are people who actually treat and cure major diseases that cannot be treated or even approached anywhere else in the world. Their patients come from any community. Those that treat them are individuals who know how to use strong academic institutions, major hospitals resources and an expert staff."²¹

If our teaching hospitals, in their haste to replace the family doctor, lose sight of this special obligation that sets them apart from all other institutions, we will have lost something. The university hospital must of course take on and share new roles at a time when medical care distribution is in crisis, and must learn how to work more closely with its immediately surrounding public. But it must not lose sight of that one form of human service that it alone, uniquely, can provide.

Advocates of medical legislation should outgrow the idea that the importance of a disease is measured only by its frequency. Suffering and loss of a decent way of life are just as important in the social threat of a disease, as is its frequency. If a young person is dying, it is a disaster whether that ailment is common or rare. And whatever the disease, new knowledge about any biological process may lead to whole new areas of effective care. Neither frequency, rarity, nor severity should be the lodestone that draws scientific attention, but rather the nature of the scientist's insights, and the choice of the "soft spots" where the state of the art permits a deep penetration. In 1905 the time was ripe for a surgeon of Cushing's stature to approach the pituitary aggressively, though pituitary disorders were of notable rarity. From this emerged a whole new era of endocrinology. Donald Matson's perfection of a shunt operation, leaving a long, indwelling plastic tube in the human body to treat a rare disease, became a model for many other areas of surgical development, including plastic valves in the heart.



Hydrostatic apparatus used by Cushing (right) and by Matson (left) for neuro-surgical management of increased intracranial pressure. Cushing's drawing (taken from one of his publications based on his work in Basle) shows that apparatus by which he studied the relationship of cerebrospinal fluid pressure to venous pressure. Matson's apparatus, developed in the Surgical Research Laboratories at HMS, shows the method by which he studied the effect of venous pressure on the drainage rate of cerebrospinal fluid into a venous reservoir.

Influenced by the scientific trend between 1920 and 1960, the criteria for professorial appointment at Harvard Medical School have become increasingly oriented towards achievement in basic science. This is certainly appropriate for the basic science departments. It may even be applicable in some of the large clinical departments. But in the smaller fields that involve fewer numbers of faculty who have an imposing obligation for patient care, such as surgery and its specialties of orthopedics, neurosurgery, ophthalmology, as well as neurology, radiology, radiotherapy, anesthesia and pediatrics, we must learn a much harder lesson: how to discern the criteria of excellence in scholarship from basic science productivity.

Don Matson was not a bench scientist, though he knew how to take a problem to the laboratory when it was necessary. He was working at a clinical problem, and in a productive way. The important criteria of such work include imagination, tenacity, the importance of the problem in relieving the sick, the ability to bring science to the bedside, scientific collaboration, possible spin-offs in scientific knowledge, and depth of penetration. These criteria, rather than publication in basic science journals, must be recognized.

The relationship of government support to university acceptance bears an interesting inverse relationship here. Government support of science tends constantly to be drawn away from basic science discovery, towards repetitive clinical trials and the goal of wide application. At the same time the university increasingly tends to disregard work in the clinic, ward or operating room as being superficial or irrelevant, seeking instead basic science productivity. Both these extremes need to be joggled back toward a more central position.

In human biology, the pathway from the laboratory to the bedside passes the milestones of the three "D's": discovery, development, delivery. Between discovery and delivery there is an important middle ground of development, where Donald Matson's work was located.

Application of innovative concepts and techniques to the care of the sick have



The first patient to receive a lumbar subarachnoid ureteral shunt for hydrocephalus. Before (above), showing the bulging frontal area beneath the former fracture site. After the operation (below), showing the collapsed frontal defect with lowered CSF pressure. The skull defect was later repaired surgically.

been epitomized in surgery by the recent development of tissue transplantation, open heart operations, shunts for hydrocephalus, vascular grafts, aortic aneurysm repair, total hip reconstruction, cranio-facial remodeling, middle ear rebuilding, and reattachment of the retina — all examples of developmental biology or engineering.

What is the work of a professor in the clinical departments of a medical school? Scholarly address to clinical problems in an academic environment should remain the highest calling of the professor. By caring for a few patients with several students they can perfect the new, exemplify excellence in the old, and enable many students to bring relief to thousands of patients over the years. Nowhere is this better epitomized than in one of Donald Matson's last papers on hydrocephalus in which, in 1968, in the final paragraphs he noted the failure of many of his operations, the nature of the unsolved problems that still remained and the need for further and constant research and innovation to improve management.²²

During the 1950s and 1960s, Dr. Matson's scholarly work expanded to cover many fields of neurosurgery. But equally important in his own opinion was his daily care of the sick, which ranged far and wide through the neurosurgical realm. He always looked outside the confines of neurosurgery. I have mentioned his donation of precious kidneys to the work of Dr. Murray, Dr. Hume and Dr. Harrison in the development of transplantation.²³ Possibly not so well known is the fact that when such kidneys were not suitable for a patient, they often went to the laboratory of virology down the street, when Dr. John Enders needed primate kidney tissue for purposes that we all understand far better now than we did then.²⁴ Don Matson worked with Dr. Vannevar Bush at MIT in developing a better valve for the shunt.²⁵ He worked with Dr. George Thorn in the surgery of adrenocortical hyperplasia and was among the first to use adrenal steroids for replacement therapy after hypophysectomy.²⁶ He worked with Dr. Emerson in adrenal and pituitary disorders.²⁷ At one point I was privileged to collaborate with Don as we enlisted his help in the removal of the pituitary for

the treatment of advanced breast cancer.²⁸

In 1954 with Franc Ingraham, Don was coauthor of the *Textbook on Neurosurgery of Infancy and Childhood*.^{29,30} In 1968 he became the first Franc D. Ingraham Professor of Neurological Surgery, succeeding both in name and function the work of his former chief. He exemplified that department most closely integrated between the Peter Bent Brigham Hospital and the Children's Hospital Medical Center. Dr. Matson and his associate, Dr. John Shillito, and their staff made rounds in both hospitals every day and enjoyed teaching the same house staff simultaneously on both sides of Shattuck Street. The idea of a new affiliated hospital adjoining the medical area was epitomized by their work.

Don's national activities were wide-ranging. He was chairman of the American Board of Neurological Surgery in 1965, having been its secretary for the better part of a decade prior to that. He was a pioneer in establishing the in-service examination for neurosurgical residents during their training,³¹ a procedure that has since been taken up by American Boards in most of the other fields of surgery. He was a member of the editorial board of the *Journal of Neurosurgery*. But his greatest joys from day to day still were his students and his patients. Thus, one of his happiest experiences occurred in April 1966, when three dozen doctors from faculties throughout the Boston area and universities from all over the country joined to give him an unusual surprise party. They had all experienced difficult and intractable problems with lower back pain, vertebral discs or misunderstood lumbar neurological disorders, and Don had operated successfully on them all!

Among his many honors the one that he cherished the most was the presidency of the Harvey Cushing Society (renamed the American Association of Neurological Surgeons) in 1969. He was too ill to attend the meeting — his meeting — at the end of the year.

Don fell ill in May of 1968. His last public appearance was at the wedding of his daughter, Martha, which occurred in the chapel of the Children's Hospital in De-



Adaptation of the ureteral shunt concept to a ventricular source for internal non-communicating hydrocephalus.

cember 1968. Don's final illness bears a word here because it may have resulted from a special hazard that he faced. Through his experience the work of others was made safer.

Early in his illness, Don realized, as did those physicians who were looking after him, that it was most unusual. He often discussed the mysterious nature of his progressive disorder, and its seemingly hopeless course, wanting to be sure that we found out everything that we could when it was all over. After his death, it was possible to make some determinations. On the suggestion of Dr. Dammin, help was sought from Carleton Gajdusek '46 of the National Institutes of Health. (At that time I did not

have the slightest inkling, though possibly Dr. Dammin and Dr. Tyler both suspected it, that Dr. Gajdusek's research was of such remarkable interest that he would win the Nobel Prize in 1976.³²)

During the three years after Don's death inoculated animals became ill with a chronic progressive neurological disease, characteristic, both clinically and histologically, of Creutzfeldt-Jakob disease. The pathology and course of Creutzfeldt-Jakob disease became far better defined. The epidemiology of this disease was then described in some of its more peculiar medical and hospital aspects because of the occurrence of a few other similar tragedies.³³⁻³⁵

This was not going to be a sentimental journey. And yet, maybe it is time now to look back at some of the other aspects of Don's life, and some of those that bring back happy memories. Don was the youngest of four brothers. This was an upbringing bound to favor survival during a surgical internship. At one point during our internships when we were discussing some of the problems of perennial night duty and lack of sleep, and especially the problem of lots of people, somewhat older, "beating on" the younger generation rather unmercifully, Don lightened the gloom by commenting: "Well, I was raised as an intern."

In medical school he participated in the terminal extravaganza, The Aesculapian Show, now known as the Fourth Year Show. Our production was devoted to several members of the faculty, especially Dr. John Rock, who attracted all of us by his humor and good sense. Don had worked with him, so we selected him to play the role of Dr. Rock. As these were the days of the "rhythm method" of birth control, first described in those years, one of the show pieces Don sang was entitled "Rock, Rhythm and Romance."

Many of his former residents are now working in different fields of surgery, but they seem to agree that just to have known Don Matson, worked with him, made rounds with him and operated with him, was not only inspiring but of remarkable educational impact.

In the words of one, "He had a way of approaching the patient, the patient's problem, the operation, the patient's family, the pathology, the biochemistry and the sociology, joining them all together effectively, with gentleness, humanity, lack of false pride, willingness to consult others, and in one of the most difficult fields of surgery, remarkable effectiveness." From this sentiment arose the only award presented each year in surgery at the Peter Bent Brigham Hospital. This is the Donald D. Matson Award for Excellence in Teaching.

I knew that many friends of Don and his family would be here tonight and I could not presume to speak for all. Nor could I overlook the privilege that we shared. So I borrowed the title of this lecture from the autobiography of Hans Zinsser. Dr. Zinsser was a teacher of all of our generation in Harvard Medical School. He especially enjoyed teaching

about the growing science of virology, and his book was entitled *As I Remember Him*.³⁶ I thought that I would borrow the title, but change it in transit to include all of Don's friends. So this lecture, which can deal with only a few aspects of such a complex person, was entitled "As We Knew Him."

References

1. Rock, J., Bartlett, M. K., and Matson, D. D.: The incidence of anovulatory menstruation in patients of low fertility. *Amer. J. Obstet. Gynec.* 37: 3-12, 1939.
2. Matson, D. D.: Lung abscess. *New Eng. J. Med.* 222: 15-21, 1940.
3. Spurling, R. G. and Matson, D. D.: Simple tests of injury to the main peripheral nerves. *Bull. U.S. Army Med. Dept.* 75: 71-76, 1944.
4. Matson, D. D.: Treatment of compound spinal injuries in forward Army hospitals. *J. Neurosurg.* 3: 46-53, 1946.
5. Cushing, H.: Studies on the cerebrospinal fluid. I. Introduction. *J. Med. Research.* Sept. 1914, xxxi, 1-19.
6. Weed, L. H.: Studies on the cerebrospinal fluid. II. The theories of drainage of cerebrospinal fluid with an analysis of the methods of investigation. *J. Med. Research.* Sept. 1914, xxxi, 21-49.
7. Weed, L. H.: Studies on the cerebrospinal fluid. III. The pathways of escape from the subarachnoid spaces with particular reference to the arachnoid villi. *J. Med. Research.* Sept. 1914, xxxi, 51-91.
8. Ingraham, F. D., Alexander E. and Matson, D. D.: Experimental hydrocephalus. *J. Neurosurg.* 4: 164-176, 1947.
9. Ingraham, F. D., Matson, D. D. and Alexander, E.: Studies in the treatment of experimental hydrocephalus. *J. Neuropath. Exp. Neurol.* 7: 123-143, 1948.
10. Ingraham, F. D., Matson, D. D. and Alexander, E.: Experimental observations in the treatment of craniosynostosis. *Surg.* 23: 452-468, 1948.
11. Matson, D. D., Alexander, E. and Weiss, P.: Experiments of the bridging of gaps in severed peripheral nerves of monkeys. *J. Neurosurg.* 5: 230-248, 1948.
12. Ingraham, F. D., Alexander, E. and



Dr. Franc D. Ingraham, 1962 at Children's Hospital: the pioneer in children's surgery.



The Matson brothers circa 1920. The affectionate relationship with his three older brothers led to Don's classic statement: "Well, I was raised an intern."

- Matson, D. D.: Synthetic plastic materials in surgery. *New Eng. J. Med.* 236: 362-368; 402-407, 1947.
13. Ingraham, F. D., Alexander, E. and Matson, D. D.: Polyethylene, a new synthetic plastic for use in surgery. Experimental applications in neurosurgery. *J. Amer. Med. Ass.* 135: 82-87, 1947.
 14. Ingraham, F. D., Alexander, E. and Matson, D. D.: The use of synthetic plastic materials in surgery. *The Practitioner*, 162: 152-159, 1949.
 15. Ingraham, F. D., and Bailey, O. T.: Clinical use of products of human plasma fractionation. III. The use of products of fibrinogen and thrombin in surgery. *J. Amer. Med. Ass.* 126: 680-685, 1944.
 16. Cohn, E. J., Oncley, J. L., Strong, L. E., Hughes, W. L., and Armstrong, S. H., Jr.: Chemical, Clinical and Immunological Studies on the Products of Human Plasma Fractionation: I. The Characterization of the Protein Fractions of Human Plasma. *J. Clin. Investigation* 23: 417-432, 1944.
 17. Torkildsen, A. A new palliative operation in cases of inoperable occlusion of the Sylvian aqueduct. *Acta chir. scand.*, 1939, 82: 117-124.
 18. Matson, D. D.: A new operation for the treatment of communicating hydrocephalus. *J. Neurosurg.* 6: 238-247, 1949.
 19. Matson, D. D.: Ventriculo-ureterostomy. *J. Neurosurg.* 8: 398-404, 1951.
 20. Matson, D. D.: Hydrocephalus in a premature infant caused by papilloma of the choroid plexus. *J. Neurosurg.* 10: 416-420, 1953.
 21. Barlow, C. F., Shillito, J., Jr., Sweet, W. H., Tyler, H. R., and Moore, F. D.: "Donald Darrow Matson." *Faculty of Medicine — Memorial Minute. At a Meeting of the Faculty of Medicine on Friday, March 13. Harvard Univ. Gaz.* 65(34): 5 May 1970.
 22. Matson, D. D.: Hydrocephalus. *Current Pediatric Therapy*. Edited by Sydney S. Gellis, M.D. and Benjamin M. Kagan, M.D. W. B. Saunders Co., Philadelphia, 1968.
 23. Murray, J. E., Merrill, J. P., Damin, G. J., Dealy, J. B., Walter, C. W., Brooke, M. S., and Wilson, R. E.: Study on transplantation immunity after total body irradiation: Clinical and experimental investigation. *Surgery*, 48: 272-284, 1960.
 24. Enders, J. F., Robbins, F. C., Weller, T. H.: The cultivation of the poliomyelitis viruses in tissue culture., Nobel Lecture, December 11, 1954.
 25. Matson, D. D. Personal Communication.
 26. Nelson, D. H., Meakin, J. W., Dealy, J. B., Jr., Matson, D. D., Emerson, K., Jr., and Thorn, G. W.: ACTH producing tumor of the pituitary gland. *New Eng. J. Med.* 259: 161-164, 1958.
 27. Dingman, J. F., Jessiman, A. G., Despointes, R. H., Hammond, W. G., Matson, D. D., Emerson, K. and Moore, F. D. Residual neurohypophyseal function in hypophysectomized man. *New Eng. J. Med.* 260: 997-1001, 1959.
 28. Jessiman, A. G., Matson, D. D., and Moore, F. D.: Hypophysectomy in the treatment of breast cancer. *New Eng. J. Med.* 261: 1199-1207, 1959.
 29. Ingraham, F. D. and Matson, D. D.: *Neurosurgery of Infancy and Childhood*. C. C. Thomas, Springfield, Ill., 1954.
 30. Matson, D. D. *Neurosurgery in Infancy and Childhood*. Charles C Thomas, Springfield, Ill. about July 1968, approx. 1100 pp.
 31. Hubbard, J. P., Furlow, L. T. and Matson, D. D.: An in-training examination for residents as a guide to learning. *New Eng. J. Med.* 276: 448-541, 1967.
 32. Gajdusek, D. C.: Unconventional viruses and the origin and disappearance of kuru. *Science* 197: 943-960, 1977.
 33. Duffy, P., Wolf, J., Collins, G., et al: Possible person-to-person transmission of Creutzfeldt-Jakob disease. *New Eng. J. Med.* 290: 692-693, 1974.
 34. Gajdusek, D. C., Gibbs, C. J., Jr., Earle, K., et al: Transmission of subacute spongiform encephalopathy to the chimpanzee and squirrel monkey from a patient with papulosis maligna of Kohlmeier-Degos. *Proceedings of the tenth International Congress on Neurology, Barcelona. September, 1973, (International Congress Series No. 319).* Edited by A. Subriana, JM Espadaler, EH Burrows. Amsterdam. Excerpta Medica, 1974, pp. 390-392.
 35. Gajdusek, D. C., Gibbs, C. J., Jr., Asher, D. M., Brown, P., Diwan, A., Hoffman, P., Nemo, G., Rohwer, R. and White, L.: Precautions in medical care of, and in handling materials from, patients with transmissible virus dementia (Creutzfeldt-Jakob disease). *N. Eng. J. Med.* 297: 1253-1258, 1977.
 36. Zinsser, H.: *As I Remember Him; The biography of R. S. Boston*, Little, Brown, 1940.

An act of wartime sabotage

The saga of "the beautiful and expensive shaving brush" began one Christmas over thirty-four years ago when Theodore H. Ingalls, '33 received it as a gift. Day after day, lathering and soaping, its use became a personal ritual. Eventually it accompanied him overseas, when in World War II he became Captain Ingalls, stationed in Rome. Then the brush abruptly disappeared. Misplaced? Pilfered? Unbeknownst to him his brush had set off on its own travels . . .

Oct. 20, 1958

Dear Dr. Ingalls:

I never had the pleasure of meeting you. As far as I know we are completely unknown to each other. I am up here in Alaska as a technical representative for Hughs Aircraft. I have a fantastic story to relate to you, and I found plenty of time to write this letter in this God-forsaken place.

Recently I met an army sergeant on duty here in Alaska. In the usual exchange of conversation we talked about many things. This man — now about 42 — told me he had once been a medical corpsman in the 6th General Hospital overseas in Italy. He further stated in the course of our semi-drunken conversation that he stole, from the tent in Rome of a Capt. Theodore H. Ingalls, a beautiful and expensive shaving brush.

In the middle of the European war he was rather suddenly shifted to the Pacific theatre where after a while he was taken prisoner by the Japanese. He was later freed and returned to the U.S. He decided to stay with the regular army and was made a sergeant. Somehow he managed to hold onto your shaving brush throughout his war experiences.

His conscience has been heavy over the last 14 years for having stolen it from you. He wishes to remain anonymous, under the circumstances, but he asked me as a favor to mail you the shaving brush — with your initials T.H.I. — as a small form of repentance and restitution.

I had a hell of a time to find your address, but fortunately, the local

Alaskan Officers Club maintains a small library which includes, among other things, a book of doctors in the U.S. I finally thought I identified your name and address. I hope I have not made a mistake after going to all this trouble.

I trust your old shaving brush reaches you.

Donald Whitman

P.S. Should I have made a mistake, kindly return the brush.

1317 Knox Road
Wynnewood, Pa.

November 19, 1958

Mr. D. B. Whitman
Hughes Aircraft Representative
Box 300
5040th C.A.M. Group
APO 942, Seattle, Wash.

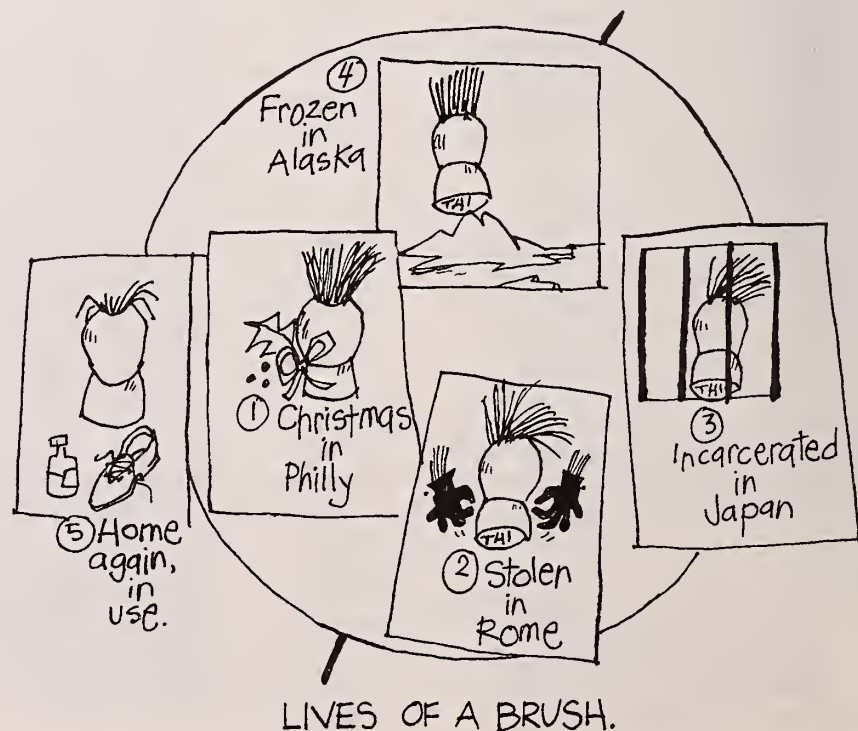
Dear Mr. Whitman:

Never for a moment did I lose hope that the shaving brush would come back, even when the lengthening

stubble cast long shadows in the setting sun. One concession only did I make to the cruel fate that separated me so abruptly from my amber holder of pigs' bristles — the brush, not my chin. From the morning of my loss to that joyful day 14 years later when the brush returned in the cone of a mis-sive, not once have I resorted to the use of soaps. Creams it has been, dozens of them. Now I can hardly wait for that long anticipated moment when I shall stand once more in front of the mirror looking at those beady eyes of mine, watching the methodical slosh of soap again. Can I recapture then the old glow of shaving in the clammy damp that only a tent can furnish and that only mildew, fog and a G.I. mirror can complete? Who knows? Tell your friend that all is forgiven and if he wants to borrow this war-torn object again, write me.

Thanks for your efforts in returning it.

Sincerely yours,
Theodore H. Ingalls, M.D.



Letters

Beth Israel addendum

Some months ago an interesting article on the Beth Israel Hospital appeared in the *Alumni Bulletin* [March/April, 1978 "From Townsend Street to Brookline Avenue"]. My sister-in-law, Viera Cohen, is most interested in the history of this hospital as her father, Dr. Boris Greenberg, worked long and hard for its development in the 1920s.

Archibald C. Cohen '33

The man who was the major "architect" of the new Beth Israel Hospital was my father, Dr. Boris E. Greenberg. When a site for the new hospital was instituted, it was he who wanted it located in an area close to the Harvard Medical School and to well known hospitals. He had the foresight to envision the Beth Israel Hospital as a teaching hospital for Harvard and other fine medical schools, and as a center for research as well as for healing. He also was the "builder," both physically and intellectually, during the years of planning and execution — 1920 to 1927 — while he was the administrator of the BI.

I feel strongly that the many Harvard Medical School people of the last fifty years should somehow be made aware of his role in their careers.

Viera Cohen

Dr. Linenthal replies: I am delighted that Viera Greenberg Cohen begins to describe her father's significant place in Beth Israel Hospital's history. Limited by time in my 6 December 1977 talk on Beth Israel history, I decided to mention no names in summarizing some highlights of the 1920-1927 period. Many people were involved. Furthermore, as I continue this

historical study, I still do not know if I have identified all the important lay and professional participants.

Dr. Greenberg (Tufts College School of Medicine, 1918) provided vigorous, creative, and farsighted administrative leadership from early in 1920 until he resigned, late in 1927, to train in urology. Thereafter for many years, he was on the Beth Israel staff. In addition to his role in planning the hospital's expansion and move, Dr. Greenberg directed major advances for the Townsend St. institution such as reorganization and strengthening of the school of nursing so that it received official recognition by the Massachusetts State Board of Registration in Nursing; organization of a social service department; and official approval in the hospital standardization program of the American College of Surgeons (forerunner of the program of the Joint Committee on Accreditation of Hospitals).

Wright again!

Your spirited tribute to Tom Wright was a feature classically in tune with Harvard Commencement Day kudos: fitting, crisply syntactical, and long overdue. It differed in the singular regard that T.W. is more widely recognized and better loved than most of those Harvard Yard strangers. In addition to the unexcelled art work in his crafty murals, Tom chronicled for us the major peccadillos and indiscretions and the infrequent grand achievements of a number of HMS classes. Positioned like a friendly sphinx in the Vanderbilt Hall atrium, he gladly offered the spiritual advice that helped many of us survive the preclinical horrors. He was silent witness (occasional accomplice) to our then-forbidden inter-

sexual assignations, so necessary a part of the long hospital days. Even later, during troubled internships and residencies, he remained there as our granite touchstone.

The man was a more valued fixture than all the portraited greats on our hallowed auditorium walls. Harvard's accolade never settled upon a nobler shoulder.

All hail Tom Wright. We salute you.

James B. Kahn '67

Calling all classes: '06-'20

Another good number (July/August) and a fine picture on page 14, unfortunately anonymous. An excellent article by Geschwind with an inspiring title. Pages 30, 32, 34, 35, and so on. Anonymity is not worth what it costs. Coles is always good.

The best piece in the issue was by Rita Charon, a gifted woman; Roberta Isberg is just as good and more candid. Harvard owes those two women something.

Query: Are the thirteen years from 1906 to 1920 bound to be silent? It seems to me there were a lot of us in that period. Are they too tired to write you something, or do they think you don't care? Lots of us look to see what old colleagues are hanging on and doing or reading. Could you give them a beckon?

Karl Menninger '17

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